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## Assessing and meeting the mental health needs of student athletes - A case study of the University of Northern Iowa

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ASSESSING AND MEETING THE MENTAL HEALTH NEEDS OF STUDENT ATHLETES -  
A CASE STUDY OF THE UNIVERSITY OF NORTHERN IOWA

A Thesis Submitted  
in Partial Fulfillment  
of the Requirements for the Designation  
University Honors with Distinction

Samantha Bennett

University of Northern Iowa

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The University Of Northern Iowa

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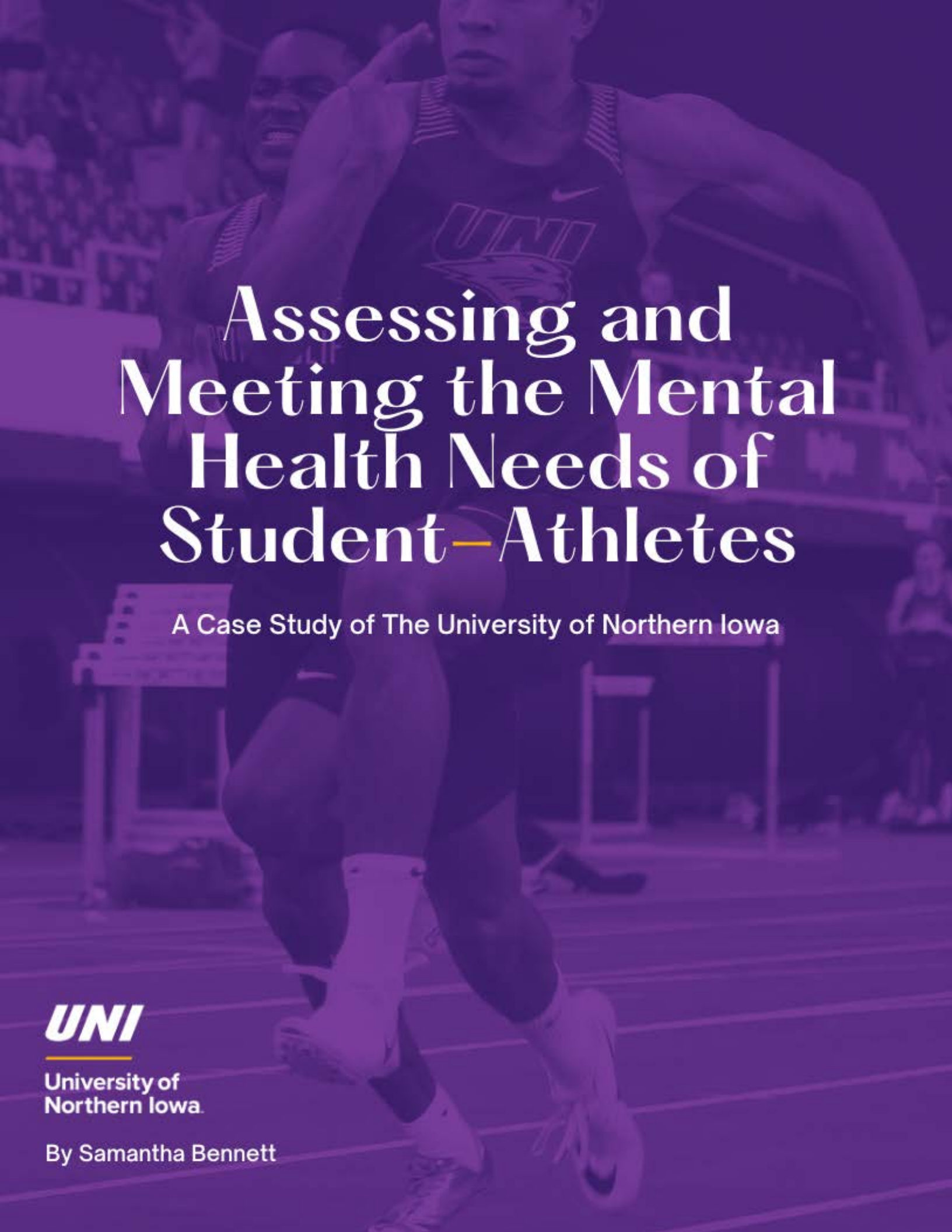
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# Assessing and Meeting the Mental Health Needs of Student–Athletes

A Case Study of The University of Northern Iowa

**UNI**

University of  
Northern Iowa.

By Samantha Bennett

*For my favorite mathlete*

*Thanks for always sitting next to me in class*

## *Acknowledgements*

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I want to express my deepest gratitude towards every student-athlete who took my survey, provided feedback during discussions, and shared their experiences with me; it takes tremendous courage to be vulnerable, and I greatly appreciate your willingness to open up and be vulnerable by discussing what can be very difficult and scary topics to open up about - let alone with someone outside of athletics. Thank you for trusting me with your stories.

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# *Foreword*

As Student Body President of the University of Northern Iowa for the 21'-22' school year, I felt a responsibility to look after the wellbeing of my fellow students, and to do everything in my power to preserve their safety, happiness, and right to having a positive experience during their time on our campus.

As a student of actuarial science, I was familiar with extremely heavy academic workloads and lengthy hours spent trying to decipher some of the most challenging course materials, showing me how the stress of trying to manage academia can hinder that happiness and mental wellbeing.

As a lifelong non-athlete with only the most limited interactions with sport-related spheres, I had little knowledge of how athletics involvement could impact students' wellbeing and ability to have a positive university experience - until I started studying with student-athletes.

Like me, they were enrolled in some of the most frustratingly difficult classes in pursuit of an actuarial science degree; but unlike me, they had to schedule in the double digit amount of hours necessary to complete a Math Stats homework around their daily, hours-long team practices. This is what sparked me taking a closer look into this world which previously, I had only glimpsed from the farthest periphery. If I already struggled to keep mentally healthy while undertaking my major coursework, how would I be feeling if I had to do it with three-hour practices consistently thrown into the mix? Quite stressed, I imagined.

While my classmates were some of the most admirable individuals I have ever met in terms of discipline, achievement, and intellect - their ability to be standout performers of both sport and academia still leaves me in awe - as a human and a friend, I worried about how such an intense workload might impair their ability to relieve stress and practice selfcare. If one of my classmates were to ever need the help of a mental health counselor, would they even have the availability in their schedule to make it to the Student Counseling Center during its operating hours? I then extended these thoughts further, and worried whether this was a problem facing more of our athletics members given that every sport required similarly hefty time commitments.

What I found when I began investigating such questions further alarmed me with its scale: the problems facing our student-athletes' mental health are far greater than many outside of athletics likely realize.

When thinking of the cost of athletics, the cost that often comes to mind for those outside the department is the price of the latest UNIdome renovation, or the percentage of the university budget allotted to the department; the cost that doesn't always come to mind is the cost to our student-athletes. Through the data I collected from our student-athletes, the conversations I have had with them, and the stories they have shared, I have learned how high that cost to student-athletes' wellbeing can be. Without further action to remedy this situation, they are effectively being asked to continue shouldering this cost.

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*The problems facing our student-athletes' mental health are far greater than many outside of athletics likely realize.*

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There is a natural inclination for those outside the world of athletics, both institutions and individuals alike, to lean towards the misconception that student-athletes are especially privileged or pampered by their departments, and that the experience of a student-athlete is especially glamorous - though this is not the case. Additionally, such a viewpoint often leads to the attitude that Athletics' problems are the responsibility of Athletics to solve.

Student-athletes at UNI, intimately familiar with the challenges facing them and their peers, have been tirelessly advocating for greater help and attention to these problems in bids to protect their teammates' lives. These efforts of theirs are commendable and deserving of our utmost admiration, however, I would strongly argue that such advocacy should not fall on just their shoulders alone. They should not have to be solely responsible for saving their own lives.

We all as Panthers, community members, and humans have an intrinsic duty to look after one another - primarily those facing inordinate challenges and sufferings. The definition of what it means to "support our athletes" needs to be broadened past simply cheering for them at competitions and wearing purple and gold in the stands: We need to support student-athletes not just when they're on the field or in the stadium; not just when they're wearing our team colors; but when they are going about their daily lives as well, and trying to make it through these years already marked with stress for any college student.

Behind the purple and gold jerseys are young adults who are trying their best to navigate this crazy time in our lives just like any of us - who worry about their grades, their bills, their relationships, and their goals - all the while dedicating countless hours of their lives and taking on additional stress in order to put themselves out on that court/field/track and have us cheer when they score and share in the glory of their wins - but almost none of the real pain when they lose. For many, when a closer look is not taken, these individuals stay regarded as superhuman performers of great athletic feats: here for the entertainment and enjoyment of sport-goers and Panther fans.

The reality is that they're not inherently better than non-athletes at anything other than their sport: student-athletes still get depressed, struggle with self-esteem, and worry what others think of them; the big difference being that our culture is less permitting of them to show it.

It is my hope with this work to shed light on these grave issues facing our student-athletes at UNI, and to more greatly inform community members about the real experiences of this population. Readers should come away with an understanding of why greater action is necessary to help our student-athletes and remedy the disparities our campus is seeing in terms of mental health resource need and acquisition.

For stakeholders and institutional leaders at UNI, I hope this paper may provide a helpful and informed framework for responding to the issues being presented by our athletics community.

For the student-athletes who read this: it is my hope that this paper can help you feel less alone with any struggles you experience, and show you that many of your peers are experiencing the same feelings. You are neither less of an athlete nor less of a person for struggling. You are not weak, and you are *certainly not alone*. What my time working amongst you and your athletics support staff has shown me is that there are many people on this campus who are dedicated to keeping you healthy and happy, irrespective of athletic outcomes. I hope this may help you feel empowered to seek help whenever you need it. You deserve to be taken care of.

Samantha Bennett, UNI 22'

NISG Student Body President 2021-2022

# *Chapter 1 – Collegiate Mental Health*

## The Current Situation on University Campuses

### **MENTAL HEALTH & THE GENERAL COLLEGE POPULATION**

**The Current & Historical Landscapes** Years spent attending a university are always marked as particularly stressful ones in a person's life - and for good reason. Concurrent with one's entrance into adulthood, college years introduce a wide variety of challenges for young-adults to navigate through, including but not limited to: difficult coursework, demanding professors, the financial strain attributed to the cost of higher education, and the continual balancing act needed to manage academics, a job, and a social life all at the same time. Being subjected to all these elements at once, it's no surprise that the college-aged are exhibiting high rates of psychological stress and a high prevalence of mental disorders [1,2].

Though mental health concerns and the growing number of students presenting with related risk factors have been a consistent worry amongst healthcare professionals and university personnel [2,3], just as consistent is the observation of comparatively low numbers of help acquisition amongst college populations. Comparative to the rates of displaying such mental health risk factors, college students are receiving psychological or mental health services at a considerably lower rate. Multiple studies indicate a substantial proportion of students experiencing mental health concerns do not seek help or receive treatment [1, 2], which is congruent with observations of those 18-25 years of age as a whole, student-status aside. The National Institute of Mental Health defines Any Mental Illness (AMI) as "a mental, behavioral, or emotional disorder" of any severity or impairment to its subject [4]. Young adults ages 18-25 had the highest prevalence of AMI, but the lowest reception of mental health services of those with AMI in comparison to the same figures for both adults aged 26-49 years and adults 50 and older [4]. Nationally, less than half of all young adults suffering with

mental illness received mental health services during the past year [4]. Narrowing observations to just college attendees, the service reception rate over the year drops over 10% from that of the general US young adult population [1,4].

Additionally, despite the surge in mental distress being reported amongst students, the number of college students utilizing campus counseling resources declined in recent figures. Campus counseling centers most frequently saw decreases of more than 10% in the amount of unique clients served over the past school year [3]. This is likely partially due to the shutdown of campuses and limited scope of service provision during pandemic shutdown measures in place during this period, and not indicative of a true decrease in demand for services. This downward tick in the volume seen by campus counselors does further demonstrate that the amount of students fit to need treatment is ostensibly less than the amount who get it, as evidenced by other findings [1]. These disparities in need and utilization are especially concerning considering that the majority of chronic mental disorders have first onset prior to age 24 [5], and untreated mental illness can impact productivity, social relationships, academic success, and the development of substance abuse issues [2].

**Pandemic Effects On Trends Observed** A concern for the growing numbers of distressed students and the accompanying contrast of those needing psychological help versus those receiving it has existed long before the word "coronavirus" found its way into conversations. If the situation was already thought to be bad before, the COVID-19 pandemic has only served to make problems worse. While pre-pandemic surveys of college attendees already saw higher numbers of mental health concerns than would be desirable [6,7], surveys watched these rates rise with the advent of COVID-19, with the observed levels of

“severe” psychological distress ranging 22% to 38% higher in the subsequent semesters [1,8,9].

Another repercussion of this worldwide disturbance includes notable changes to the percentage of those positive for suicidal behavior risk. Of the previous 5 semesters of data ranging from Fall 2019 to Fall 2021, both male and female students displayed their highest positivity rates in this category during the spring 2021 semester [1,6-9]. The positivity rate has dropped back down for Fall 2021, but remains higher than pre-pandemic percentages, hovering around a quarter of all college students posing suicidality risk [1].

*Comparative to the rates of displaying such mental health risk factors, college students are receiving psychological or mental health services at a considerably lower rate.*

Looking further into students’ self-described stress levels, it comes as little shock that the COVID-19 pandemic brought about greater stress. Those electing to classify their stress as “high” grew in number, with the percentage of college students belonging to this category growing 21% - 31% of that observed in spring of 2020 [1,6-9].

An additional study into impacts of COVID-19 on college students’ mental health saw 71% of students interviewed say the coronavirus outbreak caused an increase in their stress and anxiety levels [10]. Amongst the most commonly cited stressors were health-related fears, concentration difficulties, decreased social interactions as a result of physical distancing, and increased academic performance concerns. Multiple other studies echo such conclusions about COVID-19’s impact on college students’ mental health, similarly suggesting the pandemic has led to greater distress [11,12]

Overall, it is reasonable to conclude that the COVID-19 pandemic has introduced new stressors, exacerbated existing

ones, and had generally negative effects on the already precarious state of college students’ mental health.

**Commonly Cited MHSU Facilitators & Barriers** Amongst the college-aged, there are numerous factors which are consistently cited as barriers that may prevent this population from either seeking or receiving mental health services. Mental health services utilization (MHSU) has differing conceptualizations across the research and literature pertaining to this discussion. For the purposes of this paper, MHSU will be defined as the general usage of counseling and/or professional psychology services. Whilst this classification of MHSU does not explicitly include students’ help-seeking intentions, a positive relationship can be intrinsically inferred between seeking help and receiving it; Those obtaining services must first intend to, then actually, seek them out. Therefore, factors found to either have a significantly positive or negative impact on help-seeking intention or behaviors among students will be regarded as having the same net impact on MHSU.

#### **COMMONLY CITED BARRIERS TO MHSU**

- Lack of perceived need [2,13]
- Belief that stress is normal in school [13]
- Lack of time [2,13]
- High self-stigma [2,14-17]
- Negative attitudes/stigma from peers [15-17]
- Being male/strong adherence to masculine ideals [14-18]
- Poor Mental Health Literacy (MHL) [14,16]
- Unaffordability of services [16]
- Inaccessibility of services [17]

Personal characteristics such as gender, racial/ethnic background, and socioeconomic status are also found to impact one’s MHSU and attitudes towards mental health help-seeking [2,13-18].

**UNI’s Current Climate** The most recently completed American College Health Association - National College Health Assessment (ACHA-NCHA) III report for the University of Northern Iowa (UNI) contains data from Spring 2020 - the first semester impacted by the advent of the covid-19 pandemic [19].

It is unclear whether this report includes solely responses collected prior to March 16th, 2020 (the cutoff date for including data collected from universities in the general ACHA-NCHA report in order to not have data outcomes impacted by COVID-19). In light of this, speculations should not be made as to the pandemic's effect on student wellbeing based upon the observations found in UNI's spring 2020 report. However, this report still provides the most up-to-date snapshot of general student wellbeing for the campus, and its findings will still be investigated here.

Whether or not UNI's spring 2020 data is reflective of student climate prior to or immediately following the onset of the pandemic, it can be reasonably assumed that the rates of psychological distress, suicidality, and general stress levels amongst UNI students have since increased - though to what extent is unclear. While UNI does not currently have ACHA-NCHA III data for the semesters most heavily associated with covid-influenced spikes in suicidality, psychological distress, and other indicators of poor mental health, it can be inferred that many observed mental health concerns aligned with national trends and peaked in the spring 2021 semester, and have also remained heightened from rates reported in the spring 2020 semester. Aiding this assumption is comments made by UNI Police Chief and Public Safety Director Helen Haire in November of 2020, who described campus as seeing an increase in suicidal ideation as well as actual attempts [20]. This is especially alarming when given the data from earlier in the year presents nearly a quarter of UNI students as posing a suicidality risk [19]. This number is inferred to now sit at a higher percentage.

The other trends reflected within the spring 2020 report provide an additionally concerning image of campus's MHSU. 34.2% of UNI students were indicated to be experiencing moderate (22.1%) to severe (13.1%) psychological stress, yet only 27.8% of survey respondents indicated having received any psychological or mental health services in the past year, with only 13.7% of respondents receiving such services through the

Student Counseling Center [19]. For the 2019-2020 academic year, the UNI Student Counseling Center reported serving 729 unique clients, representing approximately 6.9% of the campus [21,22]. For the 2020-2021 academic year, the Student Counseling Center saw a decline in both the amount of total counseling visits and unique number of clients served, and saw approximately 6.1% of the total student population [23,24]. Despite this seemingly meager percentage, Director of the UNI Student Counseling Center, Jennifer Schneiderman, says her staff has experienced a higher demand than they are sometimes able to meet. At one point during the fall 2021 semester, demand reached such a high volume that staff had to institute a wait list to navigate the influx of students wanting to be seen, which stretched three weeks in length at its peak.

While the exact percentage of UNI students currently presenting with a mental illness or other mental health concerns is unknown, what is known is current resource capacities are unequivocal to resource need. Even without the full scope of those meeting common criteria for being in need of services seeking them, UNI's available resources are spread thin and maintain limited availability for servicing any accumulations of new clientele. Any efforts meant to improve the help-seeking tenacity of students need to give consideration to this fact, and seek ways to account for the anticipated increase in students pursuing services.

UNI's Student Counseling Center does offer to help refer students to mental health counselors in the surrounding community, though students are likely to face the same availability shortages, if not worse, outside of campus. Nationwide, people seeking therapy and other psychological-related appointments are faced with providers not accepting new patients, or wait lists that can reach depths of over 100 people and be 10 weeks out in length - if they're kept open at all [25,26]. The American Psychological Association's 2021 survey of psychologists found 65% did not have any capacity for new patients, and the majority had experienced increases in patient referrals, waitlist length, and overall patient numbers

[27]. Recognizing the present service obtainment problems, and that onset and progression of AMI most commonly overlaps with college-attendance age, Justin Junt and Daniel Eisenberg posit the unique positioning of college campuses relative to students' main activities presents a crucial opportunity for universities to markedly target the abatement of mental health concerns in the young adult population [2].

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# Chapter 2 - Collegiate Student-Athletes & Mental Health

## Risk Factors in the Sport Environment

### COLLEGIATE ATHLETICS: AN OVERLOOKED DISTINCTION

**The Current Landscape** If college students are already predisposed to encounter a fair amount of stressors, student-athletes are arguably fated to encounter even more. In addition to all the typical stresses university life can impose on a student - coursework, attendance costs, transitioning into adulthood - student-athletes must also juggle training and competition schedules, pay close attention to their diet and exercise regimens, and oftentimes find their scholarships (and inextricably, their ability to pay for their education) tied to their ability to maintain athletics membership status.

It comes as no surprise then that National Collegiate Athletic Association (NCAA) data indicates student-athletes as being more stressed than their non-athlete counterparts [28]. Percentages which raise concern are those of NCAA student-athletes reporting feelings of hopelessness, anxiety, mental exhaustion, and being depressed. The numbers stand higher in the most recent surveys than any historically reported by NCAA-member athletes in pre-pandemic studies, with increases in the range of 150-200%. This shows that this population is not immune to the additional strains imposed by COVID-19. Also noted in the Fall 2020 Student-Athlete Well-Being report is rates of the aforementioned feelings of hopelessness and other distress are higher amongst demographic sub-groups depending on individual characteristics such as gender and race - supporting common observations amongst mental health data as a whole, wherein women and non-white individuals are more likely to report experiencing such feelings [2,13-18].

Whilst rates of help-seeking are already low amongst college attendees, they decrease substantially for those in the athletic realm [29], with some estimates putting the percentage of student-athletes who seek help around 10% [30]. This number pales in comparison to that of the non-athletically affiliated, and is especially distressing when considering the statistics available on student-athletes paint a picture of a population in dire need. If the collective mental health of college students and respectively low MHSU is already deserving of a “crisis-level” label, then the mental health and MHSU of collegiate athletes has arguably reached DEFCON 1 - especially in light of recent student-athlete suicides [31,32].

*Whilst rates of help-seeking are already low amongst college attendees, they decrease substantially for those in the athletic realm...*

**Additional Considerations** There are multiple explanations for this MHSU discrepancy found with student-athletes.

**Time & Logistical Barriers** Quite possibly the most recognizable barrier: time and logistics stand in the way of many athletes who are looking to receive help. The NCAA allows for up to 20 hours a week (or 4 hours per day) for activities related to sport participation on top of member’s academia-related demands [33]. However, this 20-hour figure does not account for any additional informal training a student-athlete may take on during their own time, as many tend to practice outside of the hours strictly assigned. NCAA coaches are required to give their teams one day off per week, at minimum, though student-athletes are still permitted to work out if the workout is deemed voluntary



- so coaches may give “suggested” workouts to complete, which are often understood to be requirements thinly disguised as recommendations. Also worth noting: travel times to and from competitions, which can sometimes take the better part of some weekends during the competitive season, are not subject to the 20-hour consideration [33]. There is countless time dedicated to sport, even outside an official capacity; some of the NCAA’s own literature cites 30 hours as the typical amount students spend on their sport [29], and some student-athletes estimate clocking in closer to 45 hours each week [34].

This large amount of time committed to athletics severely limits the amount of time a student-athlete has leftover once academia has also laid its claims on their schedule. Any remainder of time must be divided up amongst activities like “sleep” and “eat,” and potentially “relax” or “socialize” if one’s lucky. Another way keeping such a packed schedule may negatively impact the mental wellbeing of a student-athlete is that it prevents many from engaging in social activities and campus organizations they may otherwise find enjoyment or fulfillment in. Student-athletes often have to give up the ability to participate in other activities that could offer joy due to the substantial time commitment athletics necessitates.

Given the amount of strenuous physical activity participants in sport must undertake, it should also be kept in mind that many student-athletes require more sleep than the average college student [29], though they often do not get the recommended amounts [35].

Should a student-athlete have a desire for mental health services, they are likely to find themselves without adequate time to pursue any, or else be faced with a choice between getting enough sleep, tackling their schoolwork, or seeing a mental health professional. This is partially responsible for much of student-athletes’ help-seeking being confined to those they encounter in their athletics bubble [29, 36-38]: coaches, trainers, and other team personnel who, while often able to offer some

support for issues their athletes may be facing, are not qualified to directly treat mental health issues.

**The “Athlete” Image & Cultural Pressures** Further complicating student-athletes’ access to necessary resources are the cultural norms and pressures present in athletics which influence their attitudes towards mental health and related services, and make this population more disposed to developing negative attitudes towards help-seeking. This is another major factor lowering their MHSU. As a critical determinant of whether an individual in need will seek help, factors influencing help-seeking attitudes are in effect, factors influencing whether somebody receives treatment. A recent study of 16 to 23 year-old elite athletes’ (i.e. olympic-level designation) attitudes implicate them as having less positive attitudes towards help-seeking than their non-athlete counterparts [37]. It is widely acknowledged that the cultural environment surrounding an athlete, i.e. the views held by teammates, athletics trainers, coaches, and other athletics administrators regarding mental health (in addition to those of the athlete’s family and friends), impact their own opinions on the subject of mental health [29, 36-38]. Given that sporting environments are incubators of the *win-at-all-costs* mentality and place great value upon self-reliance and high resiliency [38], the image of an “athlete” that is commonly upheld is not necessarily one of a therapy-attending individual. Desiring to embody this “athlete” ideal, many student-athletes consequently view activities like seeking mental health support as being in opposition to that image they wish to emulate. With mentions of “mental toughness” and the discouragement of displaying “weakness” being common phenomena for athletic teams, such negative attitudes are a reasonable byproduct to expect.

The athletics culture as a whole poses enough potential for negatively influencing beliefs formed, but the individual team culture can be an even stronger influence on an athlete’s views. The NCAA asserts that “sports teams often have extremely high group identity and cohesion,” and relates this directly to the development of negative behaviors or traits, stating “when some

teammates model unhealthy behaviors [...] other teammates are at elevated risk of adopting those behaviors” [29]. Following this logic, a team where the act of seeing a therapist or talking about one’s feelings is openly mocked and trivialized is going to have more members who internalize the implied message that seeking help for mental health issues is a negative act.

**Gender & Hypermasculinity Adherence** Part of what factors into what attitudes are held is the amount of stigma present within these spaces. Stigma is cited as a powerful barrier both for the general population, but student-athletes as well [2, 14-17, 38, 39]. Combined with the hypermasculine culture that dominates much of this sphere, male athletes are more predisposed to having negative attitudes [29, 36, 37], with stronger adherence to masculine ideas corresponding to greater reluctance to seek mental health or psychological services [36]. Not only do female student-athletes show a greater willingness to use mental health services, but female coaches and athletic trainers are thought to be more likely to refer athletes to services as well [36]. The negative relationship between male gender and willingness to seek or use services extends to male trainers and coaches as well, who are less likely to refer individuals to assistance [36], showing further evidence of how masculinity culture can negatively affect wellbeing. As with the general population, racial identity has been found to impact the attitudes an individual holds and compound the effects other held identities may have, with non-white individuals more predisposed to negative attitudes [2,13-18, 29, 37, 39].

**Diet & Exercise** Present among the list of pressures that come along with athletics membership, expectations are often imposed upon student-athletes diet and exercise habits. During competition season in particular, student-athletes must give great consideration to what they are eating, and how and when they are working out. Individuals competing in sports often give far greater attention to such things compared to their non-athlete peers - and sometimes to a damaging extent. Those participating in varsity sports have been found to pose a greater risk of developing disordered relationships to food, and overtraining

[29, 36, 37]. Contributing to this heightened risk is this domain's hyper-focus on body weight and composition, especially amongst so-called “leanness sports,” which of UNI’s varsity teams includes wrestling, swimming and diving, and track and cross country - sports where lower body fat percentages are thought to improve athletic performance or lend a competitive advantage [29]. Not only do such behaviors cause physical harm to student-athletes, but they also inflict emotional pain and distress as well. Additionally, activities which normally provide stress relief to non-athletes, such as exercise or eating a sugary treat, may have the opposite effect for athletes and instead be regarded as sources of stress for those struggling with these food and body-related pressures.

**Media Treatment** Student-Athletes can find themselves in the public eye more often than many of their peers, and while making the local news can be a positive experience, it can also subject individuals to greater scrutiny and critique. The public performance aspect of college sport participation opens up student-athletes to the ire of sport fans, many of which have no qualms about voicing their opinions on game outcomes and player performances - and many make little or no attempt to deliver such opinions nicely. Arguably, a certain amount of dehumanization happens to athletes (collegiate, professional, or any level) by the media, wherein abusive language and hyper-critiques directed towards these individuals is seen as semi-acceptable within our society. Hurling vitriolic messages at strangers from the courtside or on Twitter is seen as “normal” so long as it is done in the name of competitive sports and cheering on one’s favorite team. What can be forgotten during such practices is that the objects of these verbal beatdowns are human, and far from indestructible - despite how tough they may appear on the court, they are still susceptible to insecurities, and being hurt by words. Sit in the stands of any college basketball game and you will hear taunts coming from both students and adults alike, some with startling cruelty - University of Iowa basketball players were met with calls to kill themselves when they missed a game-changing 3-point shot [40]. This level of criticism and

public scrutiny is unmatched by that which other campus involvements may bring, and the awareness of having their actions put under the media's microscope further discourages student-athletes from displaying any weakness. Fear of being depicted as "weak" or otherwise negatively impacting their "athlete" image will prevent some student-athletes from expressing their mental health struggles and reaching out for help. An example close to home: Iowa State University basketball player, Royce White, saw his 2012 NBA draft prospects suffer because of his well-publicized generalized anxiety disorder diagnosis [29].

**UNI's Lack of Data** While some data does exist to help inform the current mental health landscape of UNI [19], this data is not informative for assessing the same landscape amongst UNI

student-athletes. In the most recent mental health data, only 3.2% was provided by those who identified themselves as a varsity athlete [19]. This percentage accounts for 23 student-athletes, or less than 6% of the total UNI athletics population based on the most current membership numbers [41], and its responses are indiscernible from the rest of the campus population. No data currently exists regarding this specific area of campus and their mental health behaviors or experiences. There has been plenty of anecdotal evidence supporting a higher need amongst this population, but further research and data collection was needed to confidently draw conclusions over whether student-athletes were truly experiencing greater levels of distress.

# Chapter 3 - Assessing Student-Athlete Well-Being at UNI

## Collecting Quantitative & Qualitative Data

### THE STUDENT-ATHLETE WELL-BEING SURVEY

**Devising the SAWB Survey** Neither quantitative nor qualitative data concerning UNI student-athletes' attitudes and habits as it relates to their mental health existed prior to this study. Anecdotal evidence was therefore the best existing guide for evaluating the environment within the Athletics Department. Seeking to remedy this lack of concrete data, a survey was crafted to be completed by UNI's student-athletes, which was distributed to them via an email list-serv. Data collection began in January of 2022, and responses were collected until the start of March.

**Goals & Method** The Student-Athlete Well-Being Survey aimed to answer the following questions:

#### OBJECTIVE QUESTIONS OF THE SURVEY

- 1) Are UNI's student-athletes experiencing heightened levels of mental distress compared to their non-athlete counterparts?
- 2) How many of UNI's student-athletes have previously used, or currently use, services provided by UNI's Student Counseling Center?
- 3) If UNI provided student-athletes with a dedicated mental health resource, would student athletes choose to use it, and would housing it within athletics' facilities make individuals more likely to use it?
- 4) What barriers might exist to prevent UNI student-athletes from indicating a desire to use resources?

The survey included 15 fields in total for student-athletes to respond to. The first 3 questions asked for a respondent's gender, racial/ethnic identity, and year in school.

The majority of the remaining fields were delivered in the following format:

.....  
*"I experience higher levels of stress compared to students who are not in athletics"*

Strongly Disagree    Slightly Disagree    Neutral    Slightly Agree    Strongly Agree  
.....

Where respondents were presented with a statement and prompted to select the response which best characterized their feelings about it.

**Limitations** Data regarding respondents' specific team membership, scholarship status, and area of study were not collected. This was done in order to maintain a greater sense of anonymity with responses, as the comfort and peace of mind of student-athletes was the top priority - a fear of being identified by their responses was to be avoided as much as possible. For instance, providing year, gender, and racial/ethnic identity information is not necessarily enough to narrow down a response as coming from a specific individual. However, the inclusion of which sport a respondent plays would significantly narrow down the field of potential respondents if an individual happens to be the only person of their specific racial/ethnic makeup on that team. Scholarship status and area of study were not asked about under the same reasoning, and because such information was ultimately not necessary for answering the survey's objective questions. It

should be noted that conclusions around how specific sport participation, scholarship status, and area of study may impact the responses observed cannot be drawn from the resulting data. The survey in its entirety can be found in the appendix.

**Qualitative Data** A discussion with members of UNI's Student Athlete Advisory Committee (SAAC) in March 2022 provided further data and insight into the mental health landscape of this domain. Student representatives from each of UNI's 15 varsity teams were present for this discussion, where topics ranged from coaching styles and interactions, team attitudes towards mental health topics, barriers to teammates

seeking help and obtaining help, and how often teams have interacted with members of the Student Counseling Center's staff. SAAC members provided their team membership, as willing, when responding to discussion prompts, but other identifying information was not collected in order to protect anonymity. The feedback provided during this discussion helps further fill in the picture the survey's quantitative data paints of this population's mental health, and helps elaborate upon trends noticed amongst the resulting survey data. Quotations and points raised during this discussion will be included throughout the remainder of this case study as applicable.

### **SAMPLE OF SAAC DISCUSSION PROMPTS**

- How often is mental health acknowledged or referenced by your coaches or trainers?
- How often is it mentioned by your teammates?
- What do you believe is the greatest barrier to student-athletes *seeking* help for their mental health?
- What do you believe is the greatest barrier to them *receiving* help?
- Have you ever had any members of the counseling center or student wellness center interact with your team?
- Do you receive any specific communication about mental health resources?

# Chapter 4 - Data Analysis & Discussion

## What Our Student-Athletes Are Telling Us

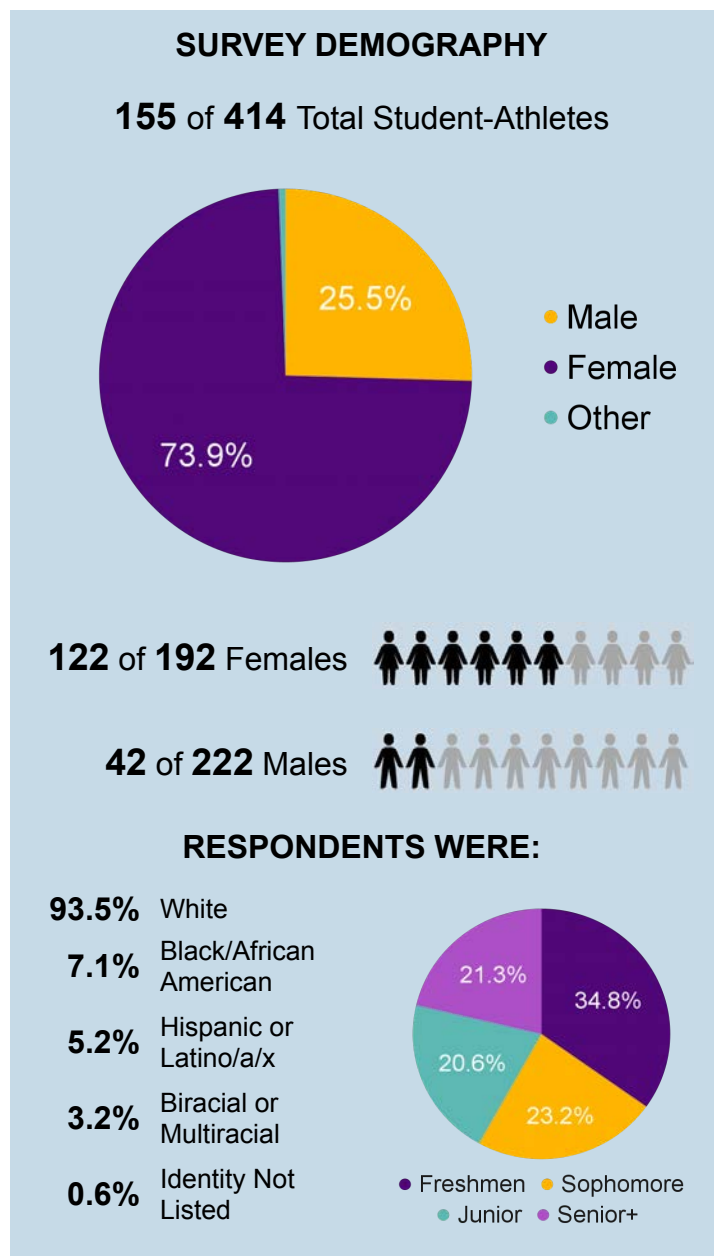
### SURVEY ANALYSIS & RESULTS

**Who Responded** The Student-Athlete Well-Being (SAWB) Survey collected 155 total responses over the course of its collection window. Compared to the latest membership numbers [41], this accounts for a little under 40% of the total 414 student-athletes at UNI (The latest campus mental health data had an overall response rate of less than 8% of UNI students [24, 42] ). Of these 155 survey responses, a strong majority came from female student-athletes, representing approximately 63.5% of the total female population within UNI Athletics. However, UNI Athletics is majority male - 222 out of their total 414 members [41]. Despite this, only 42 responded, making under 20% of their total population present within this data. Thus, male student-athletes are underrepresented in the sample captured; Unsurprising given what we know about the male population at large and their reluctance to discuss mental health topics or disclose personal information on the subject [14-18], and male athletics populations in particular being even more disinclined to engage in related conversations [29, 36, 37].

Each grade classification was relatively well represented given responses categorized as “senior” or “5th year+” were grouped together. Separately, there were 23 “senior” and 10 “5th year+” responses recorded. Freshmen responded to the survey with the highest frequency, contributing 54 responses in total.

For analysis purposes, when observing potential response trends by racial/ethnic identity respondents will be grouped into one of two categories: “white” respondents will include those who selected “white” as their sole identity marker in the survey; “Non-white” respondents represent those who selected any identity label besides “white,” or selected “white” in addition to any other identity label.

Survey respondents were predominately white, representing a little under half of the total white student-athlete population at UNI (145 out of  $\approx$ 309). Meanwhile, slightly less than a quarter of all non-white student-athletes were captured in the sample (25 out of  $\approx$ 105).

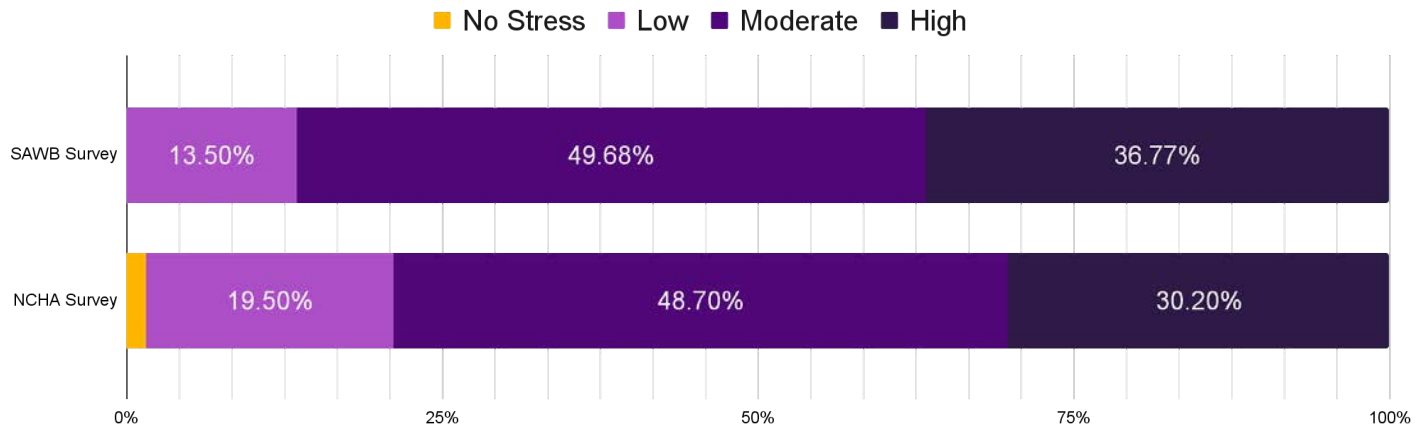


**Objective 1: Distress Levels** The first objective question the SAWB survey looked to gauge whether the level of stress and other signifiers of potential emotional distress observed amongst UNI’s student-athletes were significantly higher from that of the rest of campus. Anecdotally, it appeared as if student-athletes were subject to higher levels of stress than their peers, and examining the response data for respondents’ stress level classification seemingly confirms this suspicion.

**Stress Level** Survey respondents were asked “*Within the last 12 months, how would you rate the overall level of stress experienced:*”, using identical wording and response choices to NCHA surveys to allow for direct comparisons between UNI student-athletes and UNI non-athletes. As shown in the above graph, some key differences emerge between the two groups’ responses. First, no student-athlete classified

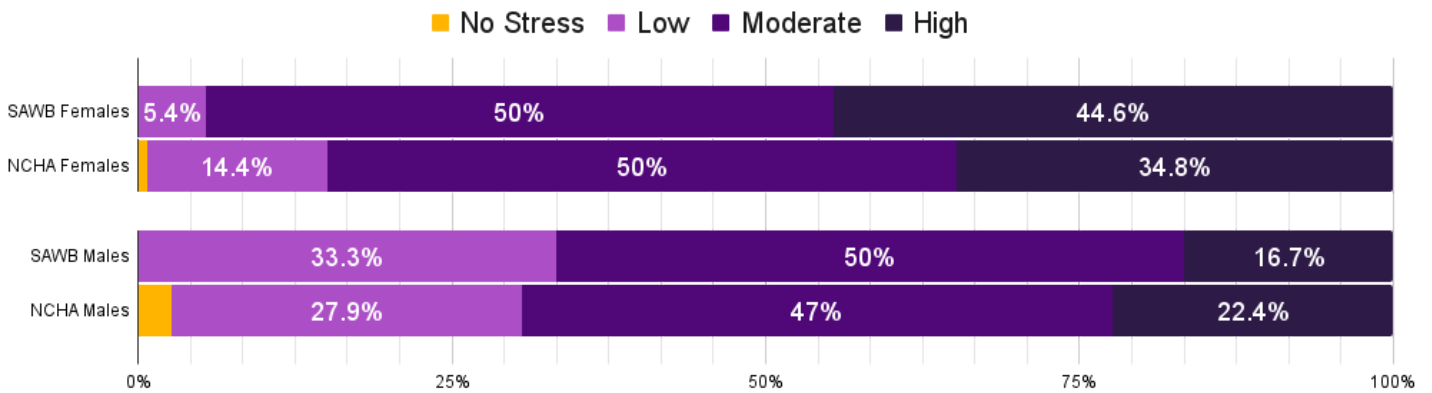
themselves as having “no stress,” though some non-athletes (1.6%) did. Additionally, the amounts of individuals electing to call their stress level either “high” or “low” are notably different between the populations, with student-athletes more likely to classify themselves as high-stress and less likely to indicate being low-stress. This suggests that participating in varsity sports skews an individual’s level of stress more towards the “high” end of the spectrum. Given what is already known about the athletic lifestyle and the additional responsibilities sport membership may bring for a college student, these results are in line with what was expected, and helps explain why 85.8% of student-athletes agreed with the statement “*I experience higher levels of stress compared to students who are not in athletics.*”

**OVERALL LEVEL OF STRESS EXPERIENCED IN THE LAST 12 MONTHS**



*Note:* because the most recent NCHA data for UNI was collected in Spring 2020, and recognizing that rates of “high” stress amongst college students nationally increased in the semesters following Spring 2020, the NCHA national data from their Fall 2021 report is being used as a proxy for UNI students’ stress levels for the same semester so as not to underrepresented the levels of stress the general campus may be experiencing. This is justified by the fact that UNI’s stress level data from their Spring 2020 report is in line with the observed stress levels in the national NCHA Spring 2020 report, so it can be reasonably assumed that UNI student mental health trends followed that of college students nationally.

## OVERALL LEVEL OF STRESS EXPERIENCED IN THE LAST 12 MONTHS



Note: NCHA Fall 2021 survey data was once again used as a proxy for UNI female and male student responses to an identically worded survey question regarding stress levels

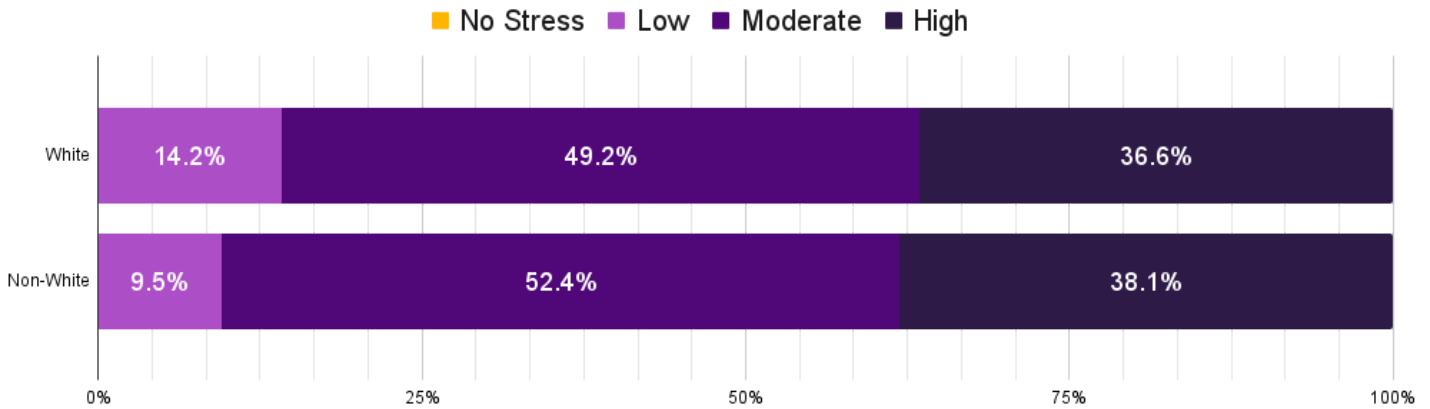
**Gender Trends** Splitting up responses based on gender, some differences in population responses become more pronounced. Female student-athletes, a fair amount more than their peers, report experiencing high stress over the past year. They also indicated encountering low stress significantly less than their non-athlete counterparts. Male student-athletes, on the other hand, appear to fare better than their peers based on the responses they provided. They were less highly stressed than male college students as a whole, and indicated experiencing low stress marginally more as well - however, these results should be regarded with caution. Not only were UNI's male athletes underrepresented in the sample, but it can be reasoned that those who did take the survey may be predisposed to report lower distress symptoms. It can be difficult to determine whether these different rates are due to the groups experiencing different rates, or whether it is caused by a group having more reluctance to express their experiences with stress and other distress symptoms [43]. Men, generally, are concluded to have greater difficulty expressing such experiences [14-18], with male athletes in particular showing

greater reluctance to admit encountering struggles [29, 36, 37]. Therefore, it can be reasonably assumed that some of the differences in male student-athlete responses can be explained by underrepresentation of true stress levels.

**Race/Ethnicity Trends** Looking at responses amongst survey respondents based on their racial/ethnic identity (white vs non-white) shows that discrepancies between the groups' observed stress levels are not too severe. Whilst other studies have observed generally higher levels of stress amongst ethnic minority groups [2,13-18], it appears that UNI athletics members do not see that trend in their stress levels, or at least not of the same severity. Non-white student athletes indicated "high" stress levels marginally more than their white peers (a 1.5% difference). However, non-white student-athletes were substantially different in response rate when it came to being low-stress - electing this response nearly 5% less than white individuals. So while they may not be *more* stressed per se, non-white student-athletes who participated in the survey are less *less* stressed than white student-athletes at UNI.



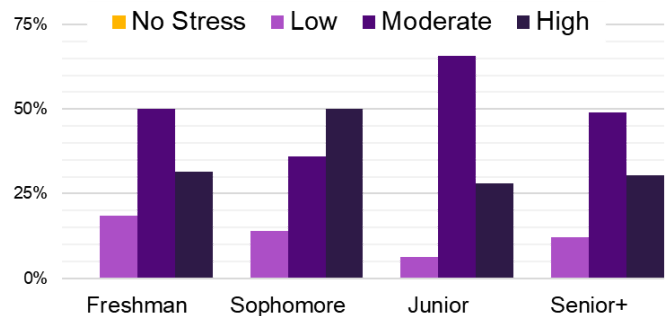
## OVERALL LEVEL OF STRESS EXPERIENCED IN THE LAST 12 MONTHS



**Grade Classification Trends** A breakdown of stress level responses by year in school can be seen in the chart on the right. Sophomore student-athletes had the most unique distribution of responses relative to those observed for the other grade levels - all of which had relatively normal distributions in the sense that “moderate” was the most frequently selected label. Sophomores, however, had a left-skewed distribution, with “high” being their most frequently recorded response - half of all sophomore respondents indicated experiencing high stress over the past year, also making them the largest endorsers of this response amongst the various grades. Looking at the response distribution for the “low” classification, it would appear that freshmen student-athletes have the highest occurrence of low-stress individuals.

Athletics, significant relationships between academic level and stress level cannot be drawn, as evidenced by another study conducted over collegiate athlete’s stress levels which found no significant relationship between stress level observed and the academic year of a given athlete [44]. So whilst it can be determined that UNI’s sophomore athletes are the most likely to be experiencing high stress, their higher stress level cannot be inferred to be due to their grade classification, necessarily.

## STRESS LEVEL EXPERIENCED IN THE LAST 12 MONTHS



.....  
*85.8% of student-athletes agreed with the statement “I experience higher levels of stress compared to students who are not in athletics.”*  
 .....

Whilst this breakdown of survey data provides a glimpse into the stress levels of each academic level within UNI

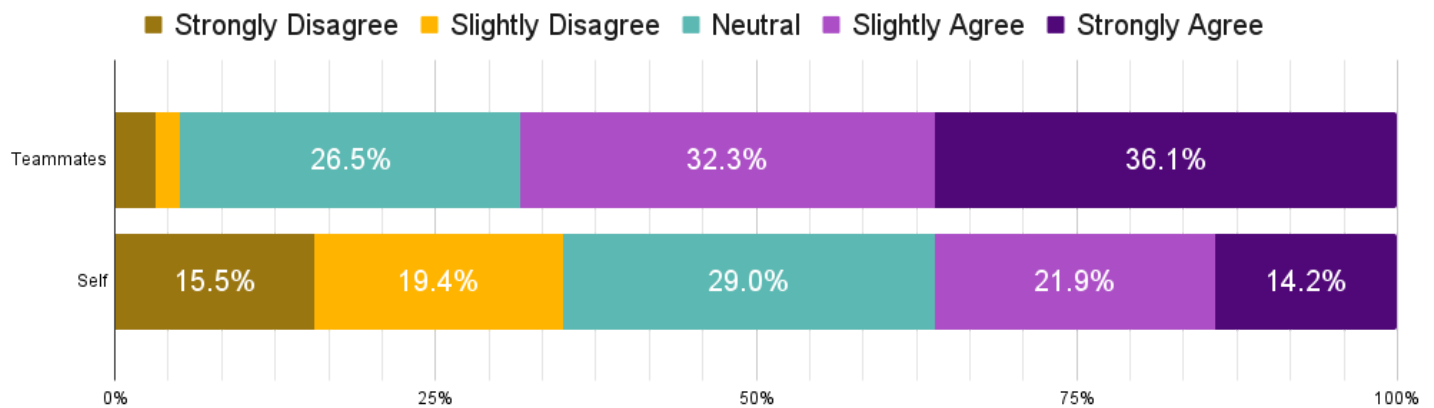
## Self-Reported Distress & Perception of Distress Amongst

**Teammates** One pair of statements asked student-athletes whether they believed some of their teammates to be struggling and in need of mental health services, and whether

they believed the same to be true of themselves: “I believe some of my teammates are struggling and need mental health resources” and “I am struggling and need mental health resources.” This pair of statements helps provide insight not only into how many student-athletes would self-indicate a need for mental health support, but also how prevalent of an issue mental health is amongst this population as a whole. This

pairing of inquiries also gives an approximate view of how much self-stigma (negative thoughts and feelings towards oneself seeking help) may be present amongst this population based on how severe any discrepancies in responses between questions may be - though this suggestive relationship will be explored in a later section (Objective 4: Barriers - Explicit & Implicit).

**"I BELIEVE SOME OF MY TEAMMATES ARE STRUGGLING..." vs "I AM STRUGGLING..."**



As a collective, student-athletes agreed with the statement of need more frequently when it was directed towards their teammates. Both the aggregate percentage and strength of agreement for the teammate-directed statement was decidedly greater than that of the self-directed statement - the percentage strongly agreeing regarding teammates was equal to the overall percentage of agreement amongst student-athletes regarding themselves (36.1%). Notably, a very small percentage disagreed, or felt that their teammates were not encountering mental health struggles warranting additional support - 5.1% in total (3.2% strongly, and 1.9% slightly).

While responses to the self-referential statement were more widely distributed, there are still some noteworthy occurrences with this data that are worth closer examination. In particular, the percentage of student-athletes who indicated feeling neutral towards such a statement; suggesting this group is unsure whether their mental health can be classified as poor

or in decent shape. To be unsure whether one is struggling implies that an individual is not necessarily thriving if their level of distress is enough to make the question difficult to answer one way or another. Those who are genuinely of good mental health and wellbeing would likely have little trouble

*The percentage of student-athletes who potentially pose a need for mental health resources or psychological services could range from 36.1% - 65.1%*

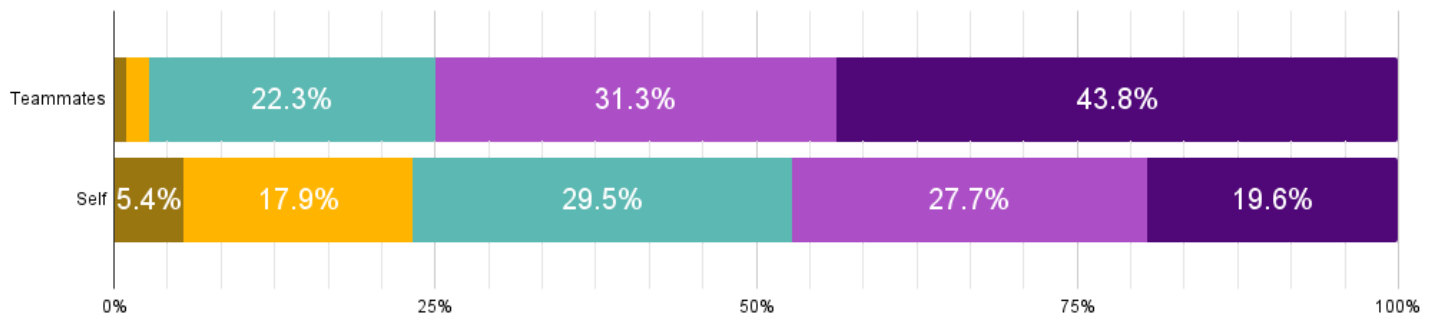
selecting a “disagree” response to such a statement. While a neutral response suggests that an individual may be faring better than those opting to “strongly agree,” it still implies a

level of wellbeing below what would ideally be observed. Thus, in total, the percentage of student-athletes who potentially pose a need for mental health resources or psychological services could range from 36.1% - 65.1%

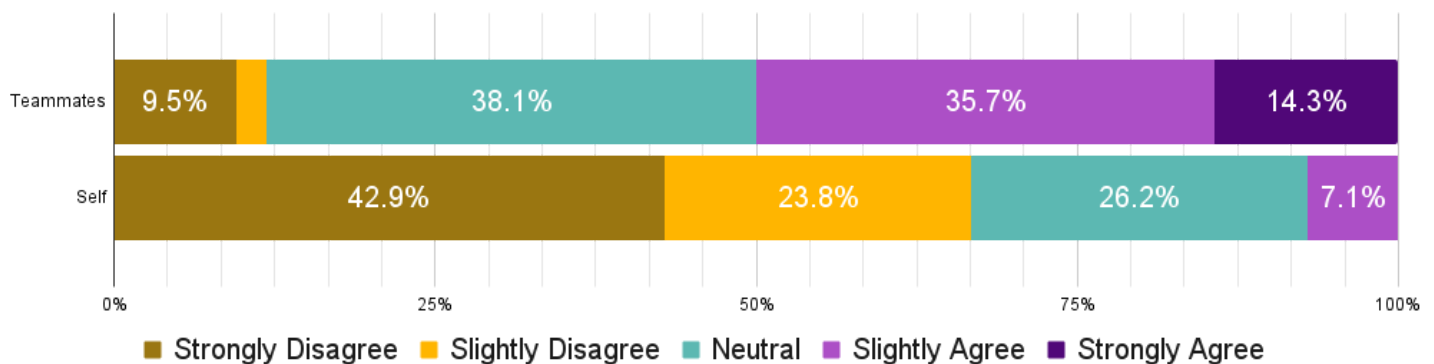
depending on how many of the “neutral” respondents on the fence about their mental health status fall more in the “struggling” category.

**"I BELIEVE SOME OF MY TEAMMATES ARE STRUGGLING..." vs "I AM STRUGGLING..."**

*(Female SAWB Survey Respondents)*



*(Male SAWB Survey Respondents)*



**Gender Trends in Reporting of Distress** An analysis of these responses by gender offers some compelling observations regarding who claims to need help. The percentage of female student-athletes who are struggling with their mental health ranges from 47.3% - 76.8%, whilst the range of female student-athletes with teammates perceived to be struggling ranges from 75.1% - 97.4% (depending on whether the “neutral” category is counted towards these measures). A little under half of all female respondents indicated that they were struggling with their mental health and needed resources to aid it. Meanwhile, the male survey respondents told a different story with their responses: only 7.1% indicated that they were struggling with their mental health - and none felt “strongly”

about that fact. If “neutral” males were to be counted as those likely in need, then this range becomes 7.1% - 33.3%. Seeing this small percentage of males in agreement, one may believe it to signify that a small number of male athletes are struggling - however, consideration should be given to the fact that men are well-documented to misrepresent their true level of need [45], whether due to intentional masking of their struggles or inability to identify when they are in need of help. A wide variety of research regarding gender and mental health supports the conclusion that men and women experience approximately equal rates of mental health disorders overall, yet much of the self-reported rates of mental illness amongst men and women are notably different, with men reporting

such disorders less than women [45]. Therefore, this observed percentage of males from the SAWB survey claiming to need help is likely far below that which are actually in need of help for their mental health - especially since half of the men implicated each other as such. Therefore, it should be interpreted as only 7.1% of males surveyed who are able to both recognize and vocalize their true distress level.

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**Conclusion: Are UNI's student-athletes experiencing heightened levels of mental distress compared to their non-athlete counterparts?** It would appear yes. Not only do student-athletes indicate being highly stressed with greater frequency than their non-sport peers, but a significantly large proportion of UNI's student-athlete population are indicated as struggling with their mental health and in need of greater help.

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**Objective 2: Counseling Center MHSU** SAWB survey respondents were asked whether they received psychological or mental health services within the last 12 months, and if so, were asked to indicate whether such services had been obtained through UNI's Student Counseling Center. Of the 155 respondents, only 13 claimed to have received services from the center on campus. Dividing this number by the total number of student-athletes at UNI, a Student Counseling Center MHSU is able to be obtained: 3.1%. Subtracting these 13 individuals from the total number of students seen by the center during the 2020-2021 school year, then dividing that figure by total student enrollment, a campus MHSU is calculated for the remainder of campus: 6.1%. In order for the proportion of athletes seen to be equal to that of the general campus population, this number would have to double to 26. The difference between the two numbers shows that proportionally, student-athletes are significantly less represented amongst those scheduling sessions with the UNI counseling staff.

## SUMMARY OF MHSU FINDINGS

**6.1%** of UNI's non-athletics population was seen by the Student Counseling Center

**3.1%** of UNI's athletics population was seen by the Student Counseling Center.

This 3.1% amounts to **13 student-athletes in total.**

### MHSU OF MENTAL HEALTH OR PSYCHOLOGICAL SERVICES (ON OR OFF-CAMPUS):

**27.8%** (non-athletics) vs **29.7%** (athletics)

SAAC members offered insight into why this discrepancy exists:

*F1: "We're beyond busy, and it's hard enough to take care of ourself let alone set up an appointment, and it's so much harder (for us) to get an appointment. The student counseling center isn't always taking patients."*

*F2: "There were 60 people on the waitlist [...], so if you went to a trainer and asked to be directed to help, you're not going to get seen."*

One member elaborated further on how their athletic schedules impedes their ability to use the counseling center, even if an appointment were to be available:

*F3: "I can't make an appointment for 3 weeks, and then it's at the same time as practice - you'd have to have a conversation with coach, so then stigma comes in. You're not going to go."*

This athlete touched on the fear many in athletics have about others' perceptions of them should they use mental health services. Scheduling that appointment, in this aforementioned

scenario, would have required missing practice to attend - therefore requiring an explanation being given to an athlete's coach as to why they would not be at practice that day. Having to disclose that an absence is due to mental health struggles and a need for help is a disclosure many student-athletes would not feel comfortable making, and many would rather avoid having to make such a disclosure by forgoing the counseling appointment completely. Whether due to the belief a coach would have a negative reaction to such a disclosure, or whether intending a disclosure to be avoided regardless of its audience - having to involve others due to athletic schedule conflicts exacerbated many of the stigma-related barriers any individual is already predisposed to when navigating service appointments. There are already numerous barriers to overcome when looking to start the treatment process; for athletes, the barriers are greater in both size and number.

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*“ I can't make an appointment for 3 weeks, and then it's at the same time as practice - you'd have to have a conversation with coach [...] You're not going to go. ”*

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It should also be noted that these MHSU numbers (both for SAWB survey participants and UNI at large) only measure the number of individuals having ever received services in the past year, and do not reflect the frequency with which each individual scheduled appointments. This means a student who only booked a single session during the year, and subsequently never scheduled a mental health appointment again, is counted the same as a student who saw a counselor weekly throughout the semester. From the discussion with SAAC members, it sounds as if many student-athletes who may have been successful in booking and attending an appointment at the Student Counseling Center, may have only ever attended the singular session; attempts to schedule sessions were discontinued after the initial appointment either due to the

amount of inconvenience associated with scheduling that single appointment, or because an individual left that single appointment dissatisfied with the difference it made on their wellbeing, as one student-athlete elaborates:

*F4: “My counselor wasn't a student-athlete, you know? So she tries to understand, but she doesn't get it. [...] I tell her my problems and I just got, like 'Why can't you quit? Or just not go to practice today?' like...sis I can't do that! That - I just can't do that.”*

Some student-athletes went through the lengthy process of being on a wait-list or having to schedule out and wait weeks until being seen, only to have a disappointing experience when they finally attended their session. Thus, further sessions were not scheduled, and the student-athlete would carry on with their mental health service needs still unmet. The anecdotes SAAC members provided in addition to the data given by the SAWB survey respondents reveals that the Student Counseling Center is not as accessible of a resource to student-athletes as it is to the remainder of campus, nor is it currently as effective of a resource for many who report having used it, further contributing to the lower amount of student-athletes being seen by UNI's counseling staff.

**Off-Campus & On-Campus Aggregate MHSU**  
Broadening this MHSU measure to include off-campus counseling and psychological services, a better picture of service-receival emerges. The most recent UNI campus figures for student MHSU provides a receival rate of 27.8% [19]. An identical question posed to SAWB survey respondents regarding usage of mental health or psychological services offers an MHSU rate of 29.7% for the prior 12-month span. A rudimentary comparison of these percentages suggests that UNI Athletics is not facing a MHSU problem greater than the rest of campus - however, that is only if these percentages remain removed from the greater context. Recall that MHSU

is generally already below the amount of those seeking or needing services; and within the student-athlete population, it's further below what is desirable. Given student-athletes are disproportionately more stressed and more in need of help, an equivalent MHSU to outside students is not necessarily a comfort. The MHSU of student-athletes would preferably be higher to match the higher need anticipated amongst this population. The survey sample should also be considered in how it is likely to impact the MHSU percentage currently observed for UNI athletics; only 4 males of those captured in the data indicated they'd received mental health or psychological services. Had more male student-athletes responded to the SAWB Survey, the MHSU percentage would likely drop given what is known about men and having lower MHSU rates [14-18, 29, 36, 37].

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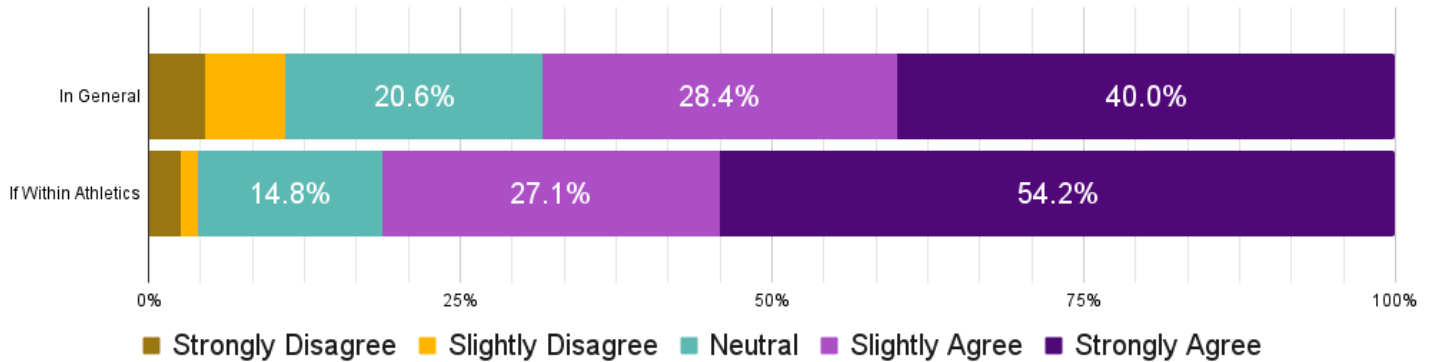
**Conclusion: How many of UNI's student-athletes have previously used, or currently use, services provided by UNI's Student Counseling Center?** The number is certainly below where one would like to see it be relative to the amount of need UNI's student-athletes pose. Compared to students outside of athletics, student-athletes are underrepresented amongst those being seen by the Student Counseling Center, and accounts from student-athletes of their experiences with the counseling center further suggest this mental health resource is considerably less accessible to UNI's athletics

population. This is cause for alarm given the high percentage of athletics members theorized to be in need of mental health services, and the significant power and treatment potential the Student Counseling Center carries for lessening the level of distress felt by UNI students.

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**Objective 3: Designation of Resources & Utility of Athletics Embedment** Anticipating that both a heightened need and a lower receipt of mental health services would be observed amongst UNI's student-athletes, a solution for addressing this discrepancy would be the appropriate response to such phenomena. Looking to best inform this response, data regarding intentions towards utilizing a mental health resource was collected. The SAWB Survey posed the following two statements to participants: *"I would use the services of a mental health practitioner if they were made available to me"* and *"I would be more likely to use the services of a mental health practitioner if they were housed within the athletics department,"* with the intent of using the responses collected for each statement as a way to gauge the anticipated change in usage an athletics-designated resource would see should it be embedded within Athletics' facilities. Prior research asserts that the housing of mental health resources and practitioners within athletics facilities is an effective way to increase the amount of student-athletes using such resources [29,46, 47], and the responses collected from the SAWB survey seem to support this assertion as well.

**"I WOULD USE THE SERVICES OF A MENTAL HEALTH PRACTITIONER" VS  
"I WOULD BE MORE LIKELY [...] IF THEY WERE HOUSED WITHIN THE ATHLETICS DEPT."**

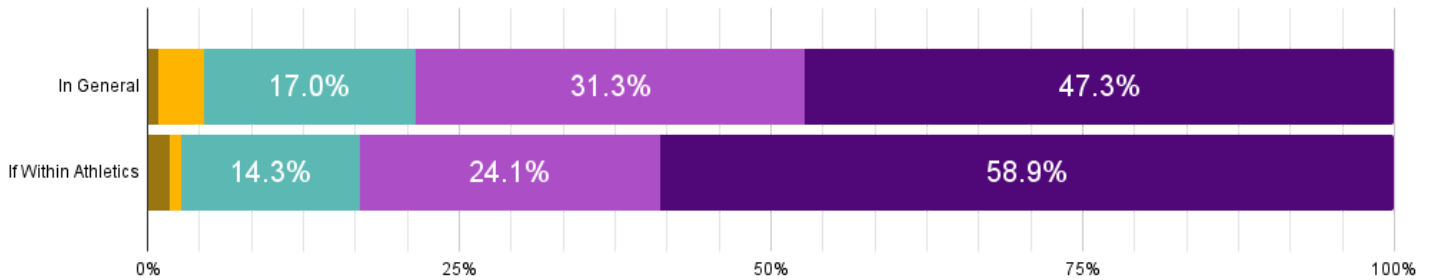


The aggregate agreement percentage increases notably for the statement specifying athletics embedment. Worth noting is that the strength of such agreement also grows significantly: those “strongly” agreeing climbs from 40% to 54.2% - a 14.2% increase. This is a considerable difference in the amount of intention shown by student-athletes to use mental health resources, and supports the argument not only for designated resources, but for such resources to be embedded directly into athletics facilities to improve access and efficacy. Also of interest is the percentage of student-athletes who indicated they would use mental health services given they

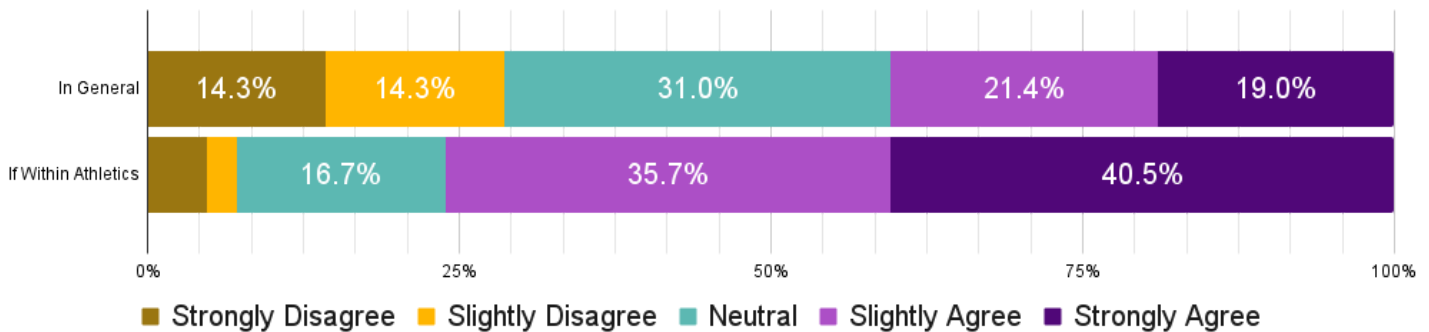
were available to them (i.e. all logistical barriers removed). In total, 68.4% said they would use such services. This is a notable difference from the 36.1% who indicated needing mental health resources in the prompt discussed earlier. A distinct difference between the two statements (“*I would use the services...*” and “*I am struggling and need...*”) is that the statement explored in this section did not necessitate respondents implicating themselves as “struggling.” When such an admission is removed from the statement phrasing, a higher percentage of student-athletes indicate a desire to use mental health resources.

**"I WOULD USE THE SERVICES OF A MENTAL HEALTH PRACTITIONER" VS  
"I WOULD BE MORE LIKELY [...] IF THEY WERE HOUSED WITHIN THE ATHLETICS DEPT."**

*(Female SAWB Survey Respondents)*



*(Male SAWB Survey Respondents)*



**Gender Trends in Intention to Utilize Services** Female survey respondents showed a marginal increase in overall agreement conditioned upon resources being housed in Athletics, but a substantial increase in the strength of their agreement, with those “strongly” agreeing increasing 11.6%. Male respondents had a far more significant shift in their responses when resources were conditioned to be within the athletics department: a 35.7% increase overall (40.5% to 76.2%). Additionally, their strength of agreement saw a large jump as well, increasing from 19% to 40.5%. This significant margin of difference between the two responses for male student-athletes should not be understated in its importance. For a population known to be greatly at risk of not seeking help when needed for their mental health, any practices which increase their likelihood of utilizing services, especially to such an extent seen in this data, ought to be regarded as practices worth adopting

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**Conclusion: If UNI provided student-athletes with a dedicated mental health resource, would student athletes choose to use it, and would housing it within athletics’ facilities make individuals more likely to use it?** If made available to them, a strong majority of student-athletes would elect to use the services of a mental health practitioner, strongly supporting the conclusion that resources designated for student-athletes’ use would see great usage. Additionally, housing such service providers within the Athletics Department and their facilities would greatly improve student-athletes’ proclivity towards using services, particularly amongst male student-athletes, who showed a greater improvement in usage intentions under such conditions.

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**Objective 4: Barriers - Explicit & Implicit** Both logistical and psychological barriers prevent a person from utilizing mental health services. Of course, some individuals are in good health and simply do not have a need for mental health services, but it is those who do who are of interest here. For student-athletes who do pose a need for services but are not receiving them, the reason informing such instances is desired in order to remedy this lack of treatment receipt. Thus, survey questions were designed with the purpose of determining what some of the most significant barriers to MHSU are for UNI's athlete population.

.....  
*Housing such service providers within the Athletics Department and their facilities would greatly improve student-athletes' proclivity towards using services, particularly amongst male student-athletes*  
.....

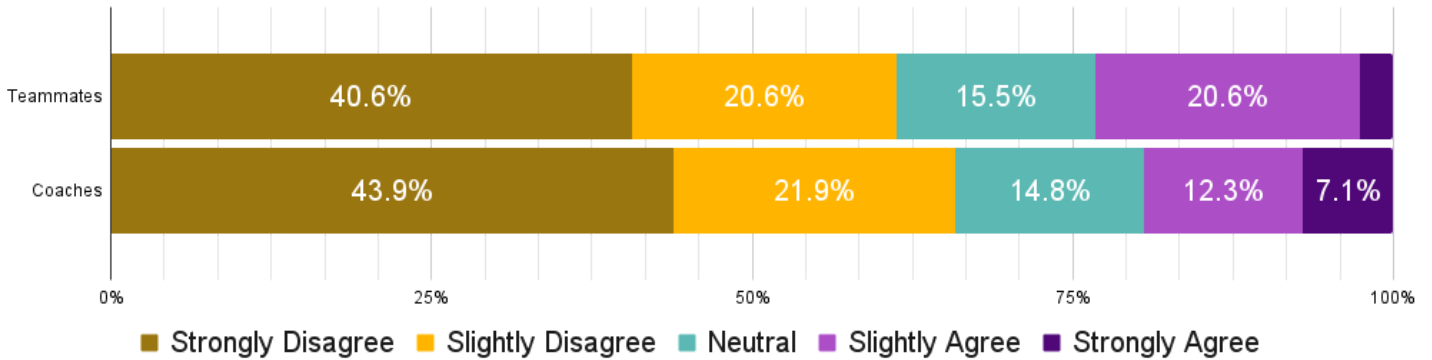
Two major components informing MHSU are Mental Health Literacy, and Help-Seeking Attitudes. Mental Health Literacy has to do with one's ability to accurately identify signs and symptoms of mental illness, and knowledge of pathways to help, such as what resources exist and how to get connected with them [14]. Help-seeking attitudes are how one regards the act of seeking help for mental health problems, and whether seeking help themselves is an action that would

wound their sense of self-worth [14]. These attitudes are shaped by a variety of factors and influenced by one's personal characteristics such as cultural background and gender [14, 43].

**Perceived Stigma** For this population in particular, their team culture, the attitudes of their coaches and trainers are going to have considerable influence over their own help-seeking attitudes. For this reason, statements directed towards the perceived attitudes of both an individual's teammates and coaches were crafted to help gauge how much perceived negative attitudes from the two groups may be impacting student-athletes' willingness to seek help. Responses to "I believe that my teammates would think less of me for needing the services of a mental health provider" and "I believe that my coaches would think less of me for needing the services of a mental health provider" are compared in the accompanying chart in a bid to illustrate perceived stigma.

The aggregate agreement and disagreement percentages for the two statements do not show significant variance from one another, though there is a notable difference in the strength of agreement shown for the two statements. While the overall percentage agreeing that their coaches would hold negative views towards help-seeking is smaller than the corresponding percentage for their teammates, the proportion of that percentage feeling "strongly" about their coaches' attitudes is distinctly higher (7.1% compared to 2.6%).

**"I BELIEVE THAT MY TEAMMATES WOULD THINK LESS OF ME..." VS "I BELIEVE THAT MY COACHES WOULD THINK LESS OF ME..."**



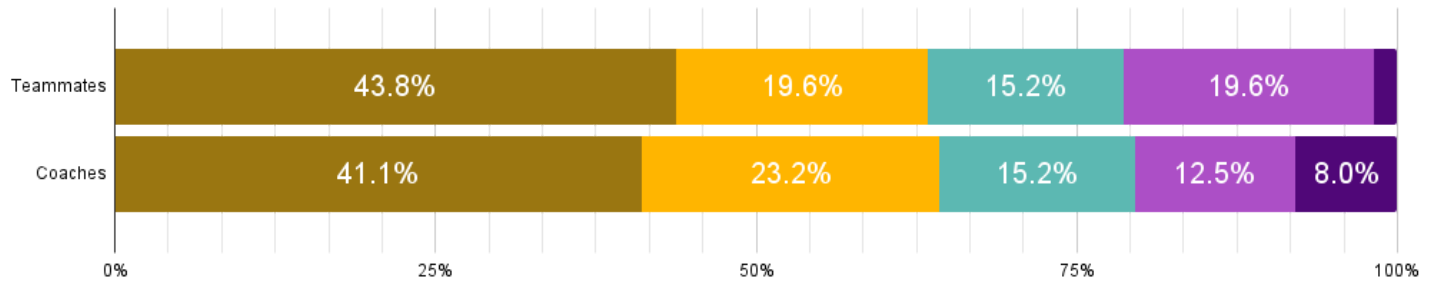
**Gender Trends in Perceived Stigmas** Charting responses amongst male and female respondents reveals a difference in response distribution between the two groups. Whereas female student-athletes did not show much difference in answer distribution between the teammate-directed statement and the coaches-directed statement, save for agreement strength, male student-athletes had greater variance between the two statements' responses. While males' responses towards the perceived stigma of their teammates was not too dissimilar from that of females (though males did agree with the statement marginally more: 26.2% vs 21.4%) their perception of coaches' stigma was noticeably divergent in its distribution. Half of all male respondents strongly disagree that their coaches would hold negative opinions of help-seeking; a percentage starkly above that of the others included in the chart. The difference in males' agreement percentage between teammates and coaches is also wider in its divide: a 7.1%

overall drop from teammates to coaches, though like females, the strength in agreement is higher for coaches.

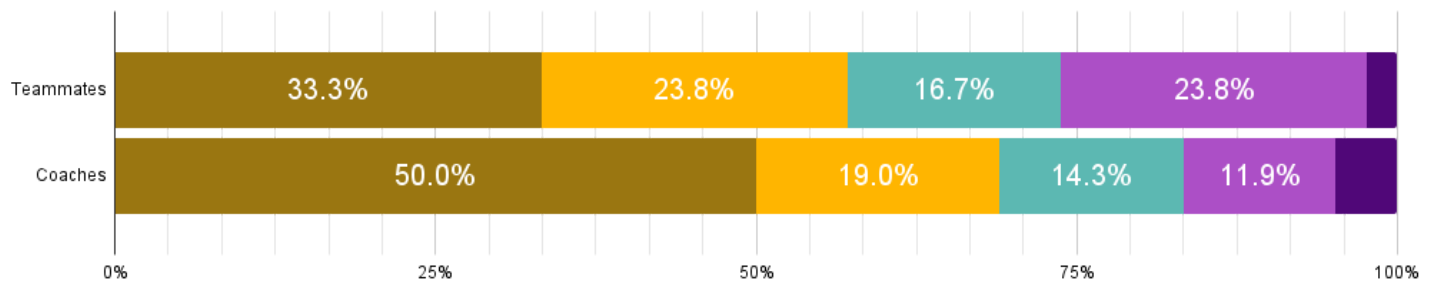
These observations suggest that amongst female student-athletes, concerns regarding the negative opinions of teammates and coaches are relatively equal in frequency, though those with concerns for their coaches' reactions may believe such negative reactions would be of greater intensity than any similar reactions from their peers. The concern for teammates' opinions appears to be greatest amongst male athletes, who boast the highest percentage of agreement for the teammate-directed statement. Comparatively, negative help-seeking attitudes from coaches is seemingly a lesser concern for males, though like females, the strength of the worry towards coaches for those who do pose concerns is heightened from that of teammates.

**"I BELIEVE THAT MY TEAMMATES WOULD THINK LESS OF ME..." VS "I BELIEVE THAT MY COACHES WOULD THINK LESS OF ME..."**

(Female SAWB Survey Respondents)



(Male SAWB Survey Respondents)



■ Strongly Disagree ■ Slightly Disagree ■ Neutral ■ Slightly Agree ■ Strongly Agree

**DATA SUGGESTIVE OF SELF-STIGMA**

**FEMALES**

**MALES**

75.1%	Implicated teammates as struggling:	50.0%
47.3%	Implicated themselves as struggling:	7.1%
78.6%	Are willing to use mental health services:	40.5%
34.4%	MHSU of past 12 months:	9.5%

**Self-Stigma** Negative thoughts and feelings towards oneself seeking help, or self-stigma, prevent one from reaching out for help with mental health struggles due to such actions damaging an individual's self-worth. Examining the relationships between the responses to different statements throughout the SAWB Survey, suggestions of high self-stigma begin to present themselves. Male student-athletes in particular showed greater evidence of self-stigma, suggesting that levels are especially high amongst this population. Recall the percentages of male student-athletes who implicated teammates as having mental health struggles versus how many indicated having them themselves. Only 7.1% of male student-athletes indicated having mental health problems in need of treatment, which is a percentage likely to grossly underrepresent the true percent who fit that description. Evidence of this can be found in the number of males who then indicated that they would use mental health services if

available to them: 40.5%. If these male athletes would like people to believe that over 90% of them are not struggling with their mental health, why are so many of them then eager to see a mental health practitioner if they allegedly have no need to? This same percentage-difference-phenomena is observed amongst the female athlete data, though to a lesser degree of severity, suggesting that self-stigma is still present amongst this population, but not near as detrimental to MHSU as it is for males. If assertions by prior research [45] are to be believed, and men and women are assumed to have near equal instances of mental illness, then UNI's female student-athletes appear less impeded by self-stigma when it comes to expressing experiences of mental distress and desires to receive related treatment. Both the percentage admitting to struggles and intending to use mental health services are substantially higher amongst female survey participants.

**Reasons Given for Not Using Services** SAWB Survey participants were asked to provide a reason which best fit why they did not utilize mental health or psychological services in the past 12 months, with options provided being:

- I do not have a need for such services
- It is incompatible with my schedule/I cannot find time
- I cannot afford it/ I do not have insurance
- I do not have enough information to get connected with resources
- Other [custom field]

70.3% of student-athletes surveyed did not use services, of which, the most common explanation was not having a need for them (50.9%). After that reason, not having enough information and schedule incompatibility/lack of time were the most frequent answers (19.1% and 13.6% of negative MHSU responses, respectively). Affordability did not appear to be a significant issue for student-athletes (3.7%).

The highest frequency for any justification of not using services being a lack of need further illustrates the potential

harm stigma may be causing to student-athlete MHSU at UNI. The amount who selected this answer who have both a perceived lack of need and a true lack of need, versus the amount who have *only a perceived* lack of need cannot be known. Looking at the responses to prior questions and the trends that data suggests, it is likely that a significant portion of those indicating they “do not have a need,” in actuality do - they simply struggle to express or recognize it. Again, self-stigma appears to be a great hurdle for many within this domain, and this data further highlights the need for stigma-reduction efforts in attempts to increase MHSU for student-athletes.

SAAC Members contributed additional information and context regarding barriers to MHSU for themselves and their teammates, and a summary of the points raised in that discussion can be found on the next page. The feedback provided by participants of that discussion validated data-based assumptions on stigma's large effect on help-seeking. The input gathered also underlined the significant logistical barriers student-athletes must overcome to obtain mental health services, and how this population may have a lower collective level of mental health literacy, further impeding their ability to get connected to necessary resources. Concurrent with other findings related to MHSU barriers, previous negative experiences with mental health treatment can inhibit further treatment-seeking [36, 37, 39, 47]. One respondent elaborated in the “Other” field:

*“I had a bad experience with the UNI counseling center my sophomore year of college”*

Themes present in other custom responses (12.8%) include apprehension about the experience and uncertainty about having “enough” need to justify using services.

## BARRIERS CITED BY SAAC MEMBERS

- **STIGMA**

The most commonly brought up barrier during the discussion, both self-stigma and the anticipated stigma from others were seen as significant impediments to student-athletes opening up about mental health struggles or taking action to receive help when in distress.

- **INACCESSIBILITY OF RESOURCES**

Logistical barriers were cited frequently as inhibitors to student-athletes' MHSU. Busy schedules taken up by athletic commitments made it hard for most to find feasible appointment times, particularly within the Student Counseling Center's limited availability. Of the scarce amount of time slots available, many would require missing part or all of a practice to attend. In the interest of avoiding a conversation with coaches about why an absence may be necessary, many athletes would rather opt to end their pursuit of services.

- **INABILITY TO RECOGNIZE PROBLEMS**

A certain amount of stress is expected whilst navigating college and the added responsibilities of sport membership. Discerning what level of stress is "normal" and what level may be worth concern and further inspection is a discernment many may not be able to make. Furthermore, discerning between effects of maintaining the athletic lifestyle (rigorous physical activity, performance stress) and potential symptoms of greater underlying issues, like mental illness, is particularly difficult for many student-athletes.

- **TEAM CULTURE NOT PERMISSIVE OF EXPRESSING PROBLEMS**

Amongst some teams, SAAC members reported there being open dialogues about mental health and issues individuals were facing. However, even teams with higher instances of such conversations had subgroups of teammates who exhibited a reluctance towards discussing these topics. Every team had members who appeared uncomfortable with talking about mental health and mental illness. Many referenced the struggle of identifying which teammates were "safe" to talk to about these things, and how that struggle could be causing many to keep their feelings to themselves despite a desire to talk to others about it.

- **DENIAL OF PROBLEM**

The athletic culture of "toughing it out" was posited to cause many student-athletes to ignore or downplay emotional issues they may be experiencing. An unwillingness to confront mental health issues due to mental illness not coinciding with the "athlete" image many felt expected to uphold was mentioned in the discussion.

- **SCARED OF APPOINTMENT/TREATMENT OUTCOMES**

It was brought up that for student-athletes unfamiliar with mental health service procedures, and who have never undergone treatment before, they may anticipate outcomes they deem undesirable, such as leaving an initial appointment with mental health diagnoses they would prefer to avoid. Student-athletes theorized that such misconceptions about mental health appointments may scare some away from exploring treatment options.

- **NOT SURE WHERE TO GET HELP OR WHO TO ASK FOR HELP**

Student-athletes are not always familiar with the treatment options available to them. Some were aware of what services are provided by the Student Counseling Center, but also had awareness of its limited availability, recognizing they would need to look elsewhere for help. Resources outside of campus were even more unfamiliar for student-athletes, however. Athletes who turned to trainers or other athletics members for help connecting with resources were likely to have those individuals point them towards campus counseling resources, thus leaving athletes largely uneducated on the full spectrum of available treatment options.

- **WORRIES OVER AFFECTING PLAYTIME OR OTHERS' PERCEPTION OF ATHLETIC ABILITY**

A decrease in how reliable a student-athlete was perceived as being by their teammates and coaches was a concern for many when considering whether to divulge their mental health struggles. Avoidance of being seen as "weak" or "a lesser athlete" was paramount for many, and SAAC members strongly endorsed a common attitude of wanting one's game/performance to "speak for itself."

- **BELIEF TREATMENT WOULD NOT HELP**

Athletics members who had prior experiences with mental health professionals did not always leave with positive takeaways, especially when treatment was provided by individuals with limited knowledge of the student-athlete experience. Drawing from their own past experiences, or accounts of others' experiences, some conclude that treatment would ultimately be unhelpful, and not worth pursuing relative to the effort it would require.

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**Conclusion: What barriers might exist to prevent UNI student-athletes from indicating a desire to use resources?**

Student-athletes provided no shortage of answers to this question. There are many elements which have been found to inhibit this population’s receipt of mental health support, of which stigma (both self-stigma and perceived stigma) and logistical barriers appear to be of the greatest magnitude in their negative effect on student-athlete MHSU.

Based on response trends observed and the accounts of SAAC members, team culture serves to greatly impact whether an individual elects to seek help when experiencing mental distress. Student-athletes fearing negative reactions or judgment from teammates and coaches are less likely to discuss any issues they may be facing with others. SAAC members noted many individuals may keep their mental health concerns to themselves because they cannot identify whether their teammates are “safe” to confide in - concerned a teammate may brush off their experiences or otherwise express discomfort towards such disclosures. However, this may effectively act as a self-fulfilling prophecy, wherein teams whose culture has not established mental health as a permissible topic for conversations may have a majority of members who wish to talk about it, but choose not to simply because it has not been normalized within team settings.

.....  
*Stigma and logistical barriers appear to be of the greatest magnitude in their negative effect on student-athlete MHSU.*  
.....

There is also considerable evidence that low mental health literacy is preventing many within the athletic domain from getting appropriate help. While self-stigma can certainly lead one to not indicate having mental health problems, the

inability to identify mental health concerns as *mental health concerns* can deliver the same outcome. Many student-athletes appear to have trouble distinguishing whether they meet some perceived (and arbitrary) threshold for being mentally unhealthy. They are indecisive over whether they can classify themselves as “struggling,” and whether they have sufficient need to justify treatment seeking. The athletics culture of “mental toughness” causes some to blur the line between what they consider athletic discipline, and the ignoring of larger underlying issues which actually warrant greater attention.

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**Summary** Based on the SAWB Survey results, it can be safely concluded that UNI’s student-athletes are not less disposed to being mentally distressed than non-athlete students, and are conversely more prone to being distressed. Student-athletes, additionally, have higher average levels of stress. However, this population is considerably less represented amongst those being seen by UNI’s Student Counseling Center. These conclusions support the argument for designation of mental health resources to the UNI Athletics Department, and the responses given by athletics members support such action as well. Student-athletes demonstrated a great desire and intent to use mental health services if made available to them, and further indicated the embedding of such services within Athletics would significantly improve their MHSU rate. Stigma and logistics-related obstacles were the most commonly suggested impediments to help-seeking, either explicitly by student-athletes in their provided feedback, or implicitly suggested by the resulting trends observed in survey data. Particularly amongst male student-athletes, self-stigma and low mental health literacy are greatly preventing mental health help-seeking behaviors. Targeted interventions or practices which aim to reduce stigma are likely to see subsequent increases in this population’s MHSU.

# Chapter 5 - Recommendations

## How Should UNI Respond To These Observations?

### REACTING TO THE PROBLEM WE KNOW IS THERE

**Preface** The data and testimonies from student-athletes affirm that there exists a clear mental health problem within our athletics department. Greater action is needed in order to meet this dire need student-athletes are presenting, and to ensure the wellbeing of campus members is taken care of as best as possible. Using both the information collected from student-athletes in the SAWB Survey and SAAC discussion, in addition to a collection of literature regarding mental health, athletics, and MHSU, a series of recommendations has been crafted to guide the University of Northern Iowa in their efforts to support their panthers.

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*Greater action is needed in order to meet this dire need student-athletes are presenting, and to ensure the wellbeing of campus members is taken care of as best as possible.*

.....

These recommendations are by no means exhaustive, nor meant to imply that any specific area of campus is responsible for the larger problems present: campus partners and staff

work tirelessly to provide the best experience possible for attendees of UNI, and their efforts are to be commended. Recommending a strong relationship between the counseling center and the Athletics Department is nothing new; work related to this issue has been ongoing in these departments, and great strides have been made in recent years to strengthen their relationship. With that said, there always exists room for improvement. These recommendations are meant to endorse the continuation of what may already be current practices, as well as provide further guidance on additional efforts to undertake for further positive results.

### RECOMMENDATIONS OVERVIEW

1. **The Student Counseling Center**
2. **The Athletics Department**
3. **Cross-Domain Opportunities**
4. **New & Additional Resources**

#### Primary Objectives:

- Stigma reduction
- Increased mental health literacy (MHL)
- Improved pathways to help
- Greater awareness

## *Recommendations: The Student Counseling Center*

### **THE FOLLOWING ARE RECOMMENDED AS THE BEST COURSE OF ACTION FOR THE STUDENT COUNSELING CENTER:**

**Recognize Athletics as a Unique Population** First, counselors should have a base-level understanding that the lifestyle and challenges student-athletes present with are going to vary from that of other students. Student-athletes are naturally subject to the same stressors, needs, and constraints as the general campus population. However, additional population-specific variables exist that can further exacerbate existing barriers to a student receiving treatment, or seeking out resources in the first place. Furthermore, elements of the sporting environment possess the ability to further aggravate mental health conditions in student-athletes or otherwise increase the likelihood of collegiate athletes experiencing great mental duress. Recognition of the additional elements the athletic domain introduces when navigating student mental health and further consideration for these elements' potential impact will serve to maximize the effectiveness of counselors' interactions with this population. When provided by a counselor who is attuned to the specific experiences common within athletics, assessment and treatment of student-athletes is more likely to be effective [47].

Attempting to treat student-athletes without regard for their unique university experience is setting counselors up for less than optimal session outcomes. The student-athlete identity should not be downplayed in how it may impact an individual's experiences; less counseling staff want to risk the alienation of their patrons. Common suggestions that may be appropriate for non-athletes may not be applicable for this population. For instance, exercise is well-documented to have positive effects on mental health [37], so the suggestion of more movement may be an effective coping strategy for

### **RECOMMENDED ACTIONS**

- Recognize Athletics as a unique population**
- Increase familiarity with the domain of sport**
- Build additional competency into existing staff training**

students experiencing depression. For student-athletes, exercise is already in abundance, so such a suggestion would be of little benefit to them. Additionally, the observance of a "mental health day" wherein a student forgoes typical engagements and class meetings to instead recoup their wellbeing is a familiar practice for some. Student-athletes would largely find this type of sabbatical to be a pure fantasy in the athletic world, where skipping practices is seen as virtually impermissible unless strictly necessary.

This fear of having their unique identity misunderstood or disregarded by mental healthcare providers is prevalent amongst UNI's student athletes, as evidenced by feedback provided in the SAWB Survey:

*"I am uncomfortable to do so, especially [sic] because I feel that there would be a disconnect if I were to be seen as just a student; i dont [sic] want half of my needs to be addressed, I want all of them to be addressed"*

And by SAAC members:

*F5: "A lot of mental health issues from my experience and those I communicate with - a lot of mental health issues are related to the sport they're playing [...] Someone with more awareness of that is beneficial."*



F6: “The Student Health Center is good, but obviously they’re limited in people you can see [In reference to staff not being familiar with the student-athlete experience]”

**Increase Familiarity With the Domain of Sport** To avoid improper regard for a student-athlete’s identity, and to best avoid ill-fitting advice or responses due to improper consideration of that identity, counseling staff should make themselves more familiar with the student-athlete’s world. As the National Athletic Trainers’ Association states in their statement of related inter-association recommendations, “Student-athletes are more likely to favorably view therapists they believe understand the world of athletics and the problems associated with the life of a student-athlete” [48]. A greater regard for the workloads, pressures, and schedules these individuals carry will greatly improve counselors’ ability to respond to concerns a student-athlete may present with. This avoids student-athletes having to wait three weeks for an

.....  
*Attempting to treat student-athletes without regard for their unique university experience is setting counselors up for less than optimal session outcomes. The student-athlete identity should not be downplayed in how it may impact an individual’s experiences;*  
.....

appointment where they are told “have you thought about sitting a practice out?” and leaving with disappointing outcomes. While much of the literature regarding the treatment of student athletes emphasizes sport psychology certification or credentialing as the optimal way to position service providers for success [29, 36, 38], even just cursory knowledge of the athletic domain can benefit practitioners’ treatment efficacy. Many resources and programs exist which

can provide staff members with an introduction to the sport psychology practicum without necessitating the enrollment in graduate or university programs in order to attain knowledge within this field - making the attainment of sport psychology principles accessible for little cost (besides time).

**Build Additional Competency Into Existing Staff Training**

In fact, UNI already possesses opportunities to learn about the discipline of sport psychology. Listed within the Department of Kinesiology’s course catalog is an elective under their Physical Education - Pedagogy masters program: KINES 6222 Sport Psychology [49]. This means faculty on this campus already exist who are qualified to teach sport psychology concepts and practices, negating the need for outside educational sources or additional spending to outsource for training materials.

Student Counseling Center staff already participate in semesterly and monthly trainings, which are 2-day and hour long in duration, respectively. These trainings cover a variety of topics ranging from general college mental health issues, cultural competencies, and suicide risk and management. Such trainings are led by the Counseling Center Director, as well as any additional people the Director chooses to bring in to speak.

The incorporation of “student-athletes” as a topic, and the involvement of kinesiology faculty to expound upon sport psychology would greatly benefit both counseling center staff and student-athletes who come through the counseling center’s doors. This is a low-cost and high-impact way to easily increase counseling staff competencies regarding the athletic domain and the challenges it can pose for participants’ mental health. This acquisition of sport psychology knowledge will make a profound difference to student-athletes, who recognized the value of the discipline: during the SAAC roundtable discussion, one female student-athlete raised her hand at the end and asked that one request in particular be documented:

*F7: "I think a sport psychologist would be really helpful."*

The introduction of this point sparked a lengthy discussion wherein many SAAC members chimed in with support for this statement, echoing the belief that familiarity with their world was crucial for positive treatment outcomes.

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The Student Counseling Center stands as a resource invaluable for its potential to impact student lives and improve mental wellbeing, and students who have had experiences with its staff can attest to the positive difference their sessions can make. In the interest of providing equitable services, these previously outlined steps can be taken to better ensure student-athletes can receive the same amount of positive service outcomes.

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## *Recommendations: The Athletics Department*

### **THE FOLLOWING ARE RECOMMENDED AS THE BEST COURSE OF ACTION FOR THE ATHLETICS DEPARTMENT:**

**Consider Coaches' Impact on Team Culture** An individual's attitudes and opinions have been shown to greatly impact their MHSU [13-18], and coaches have considerable influence when it comes to the formation of student-athletes' attitudes and opinions [36]. The shaping of a team's culture is largely dictated by the behaviors of the coach or coaching staff, who set the tone for the group. A large body of research related to attitude formation demonstrates that attitudes held and exhibited by leaders are often instilled as cultural norms within a leader's sphere of influence, thus affecting the actions of those within it [36]. As the de facto leader of a sports team, the coach occupies this role. Studies that specifically investigate the MHSU of collegiate athletes further reinforce this idea, asserting that team norms as well as the overall environment of a university's athletics department shape how a student-athlete views mental health care and those who seek it out [36, 38].

More precisely, the emphasis a coach employs in their motivational style works to shape how a student-athlete interprets and responds to their failures. Motivational climate is defined by what emphasis is placed upon during practices and competitions, and what value is attributed to [50, 51]. A coach who places heavy emphasis on the team winning creates a performance-centered climate: centering performance outcomes, avoidance of criticism, reception of praise, and stoking rivalries between team members [50, 51]. Performance-centered climates are associated with greater anxieties about performance in addition to a lower level of satisfaction towards the sport environment [50, 51]. This motivational climate further lends itself to the adoption of a ego-oriented goal approach in team members, wherein

### **RECOMMENDED ACTIONS**

- Consider coaches' impact on team culture**
- Equip coaches, trainers, and other athletics staffers to be facilitators**
- Make mental health normative department-wide**

student-athletes judge their abilities based upon the end result of competition, and compare themselves with others as a means of assessing their level of competence. This practice of looking to peers for validation of athletic value fuels a culture of striving to appear admirable in the eyes of team members, and making efforts to avoid coming across as "weak" or "less-than." Further perpetuating stigmas present in the athletic domain, this ego-performance-centering serves to keep student-athletes at a disadvantage when it comes to executing help-seeking behaviors, and subsequently, receiving any mental health aid they might end up requiring. The difference in help-seeking attitudes is also thought to explain gender differences in predisposition for help seeking [43]. Thus, if aiming to lessen the increased risk pertaining to male athletes' untreated mental health concerns, there needs to be a concentrated effort to reduce stigma amongst male sport teams.

.....  
*team norms as well as the overall environment of a university's athletics department shape how a student-athlete views mental health care and those who seek it out*  
.....

After being read descriptions of both performance-based motivation and skills-based motivation then asked to pick which one best described the motivational style employed by their coaches, the overwhelming majority of SAAC members indicated that their coach employed a performance-based motivational style (Some exceptions were discipline-specific assistant coaches). Ironically, while performance-based motivation places greater value on winning competitions and titles, it may actually lead to worse performance: higher stress and lower emotional mood are correlated with worsened athletic performance and higher risk of injury for players [52]. Additionally, each member of a team has been found to have their mood correlated with the mood of other teammates, meaning that the negative emotional state of one member can make team members more likely to have their individual performance suffer as well; subsequently having a ripple effect on overall team performance [52].

.....  
*team norms as well as the overall environment of a university's athletics department shape how a student-athlete views mental health care and those who seek it out*  
.....

The introduction of Social Identity Theory (SIT) concepts in relation to sport team dynamics can help to illustrate how changes in student-athlete MHSU behaviors can be executed. SIT theorizes that categorization into a known social category brings behavioral expectations associated with that group identity, which in turn guide an individual's behavior [53]. A strong identification with their team has been posited as a possible explanation for high-risk drinking behaviors of college athletes, as strongly identifying with teammates makes one more likely to conform to their drinking behaviors [53, 54]. In the same vein of research, student-athletes, more than students in Greek-Life, cited conformity as a motivator for

alcohol consumption [54]. This also suggests related applications of Social Learning Theory (SLT), which acknowledges the relational ties between individuals as an important facilitator in catalyzing behavior change [54]. As many student-athletes in SAAC shared, teammates may hold off on sharing about their mental health struggles due to the belief that other members would not like to discuss such topics; mental health has not been normalized as a conversation topic for the majority of teams, so discussions are limited amongst the group level out of conformity to what is interpreted as expected and socially acceptable behavior.

Based on the concepts introduced by these two theorems, it can be posited that the adoption of skills-mastery frameworks by a coach will result in a team culture more conducive to positive help-seeking attitudes, and less prone to adopting behaviors known to inhibit student-athlete wellbeing, in addition to lower risks of burnout and eating disorder incurrence [29]. This attitude brought forth by the coach is likely to be accepted and adopted by the team members, who will in turn motivate and influence behaviors amongst each other which are more positively linked to mental health help-seeking and wellbeing. To see new behaviors and desired changes fully realized, a coach needs to entrench such practices into the norms of the team, and have reverence for the strong drive for social acceptance amongst the athletic domain [52], meaning coaches should be upfront and vocal about mental health and the importance of healthy behaviors.

**Equip Coaches, Trainers, and Other Athletics Staffers to be Facilitators** Just as the attainment of sport-related knowledge can strengthen a counselor's ability to respond to mental health situations with student-athletes, the attainment of mental health knowledge can improve coaches' and athletics staff's ability to facilitate MHSU. The deepening of athletics leaders' understanding of mental health issues and related phenomena lessens the amount of stigma they are likely to carry around this topic, and therefore lessens the

amount of stigma they are positioned to impart on their teams. The primary source of social interactivity for most student-athletes are those in Athletics (coaches, trainers, teammates) due in large part to the time demands of team participation preventing student-athletes from spending much time with other friends and family [57]. In recognition of this, coaches and other athletics personnel have a greater responsibility to be conscious of the social environment which they create for their athletes given they stand uniquely positioned to influence the majority of an athlete's social sphere, and subsequently, a student-athlete's emotional wellbeing.

When asked how often their coaches or trainers discussed mental health, and in what way it was talked about, SAAC members had this to say:

*M1: "They [coaches] never specifically talked about mental health, but they're open to talking. They'll talk if they notice something's up, like they'll stop by players houses even. They talk about the mental side of sport a lot but not specifically mental help, or 'mental health'."*

*F7: "It [mental health] was only acknowledged one time because a member got committed to the hospital. But even then it wasn't directly referred to - just veiled references."*

*F3: "It's [mental health] not referenced. They'll say, like, 'why are you sad?' if they notice someone's 'off' [...] It only comes up if it's a 'problem,' not a preventative thing."*

A common theme in discussion participants' responses was that among the majority of coaches, mental health was not openly talked about, and if the topic was broached it was almost always with respect to athletic performance. Any (typically veiled) queries into an athlete's wellbeing were understood by members to implicitly be calls to "fix your

mental health...so you can fix your performance," and left some student-athletes feeling that coaches' concerns did not stem from concern for their wellbeing as an individual, but rather as an athlete or performer.

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*Among the majority of coaches, mental health was not openly talked about, and if the topic was broached it was almost always with respect to athletic performance.*

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It should be noted that exceptions were reported: some SAAC members recalled having trainers or coaching staff who did show additional regard for mental wellbeing, and employed "mental candy" exercises or other mentality-based check-ins with members. Activities centered around building self-esteem and confidence have occurred amongst some teams. However, such instances were still lacking in direct references to mental health and often kept emphasis on performance effects.

Student-athletes who recounted having a coach or trainer show more concern and care for their mental health, or the mental health of a teammate, indicated that such interactions happened outside of the team setting; either in one-on-one meetings outside of practice or via text messaging. While such interactions are certainly a positive sign, and some SAAC members believe their teams have shown improvements in recent years regarding coaches, group culture, and mental health, the overall environment is still lacking in its reverence for mental health. The positive behaviors and interactions that are occurring tend to occur on a micro level, where a subgroup of a team may have a trainer who is particularly adept at navigating mental health conversations, or a coach may spend personal time helping a team member. However, on the macro level - the team level - mental health conversations are severely lacking. This is unfortunate given the great influence

team-wide acknowledgement and normalization of mental health conversations can have on student-athletes' stigma levels and attitude formation. There is a significant opportunity for improving this population's rates of help-seeking which is not currently being capitalized.

To seize this opportunity and facilitate more student-athletes reaching out instead of keeping struggles inward, coaches, trainers, and other athletics personnel should be aware of the power they wield over the formation of their team's attitudes and behaviors. These key stakeholders in athletes' wellbeing should also take steps to better educate themselves on how to be positive influences on student-athletes' mental health. There are multiple resources on UNI's campus which can help coaches, trainers, and other personnel in learning how to become facilitators of wellbeing.

UNI's Counseling Center staff offer a free educational opportunity called Mental Health Ally training: a two-part training that is three and a half hours in total length, and equips participants with the tools to become facilitators of help-seeking behavior [58] - a key goal for the athletics population. Undergoing this training will better position coaches, trainers, and other personnel to create environments fostering more mental health conversations and help-seeking. The two sessions cover the following topics:

<b>MENTAL HEALTH ALLY TRAINING</b>	
<b>Part 1</b>	<b>Part 2</b>
<ul style="list-style-type: none"> <li>● Mental health basics</li> <li>● Warning signs</li> <li>● Causes of mental health</li> <li>● Cultural differences</li> <li>● Myths and facts</li> <li>● Effects on students</li> </ul>	<ul style="list-style-type: none"> <li>● Addressing mental health stigma</li> <li>● Creating a culture of care</li> <li>● Increasing help-seeking behavior</li> <li>● How to start talking about mental health</li> <li>● How to be a mental health Ally</li> </ul>

The second training session in particular introduces participants to the subjects athletic leaders could stand to

benefit from the most: “Addressing mental health stigma, creating a culture of care, increasing help-seeking behavior, and how to start talking about mental health” [58].

Nationally recognized trainings which exist to equip participants with knowledge on how to successfully respond to individuals presenting a need for mental health support are Question, Persuade, Refer (QPR) training and Validate, Appreciate, Refer (VAR) training; the former is more targeted towards suicide prevention efforts, while the latter is more broadly applicable to everyday struggles [58]. UNI offers multiple opportunities throughout the year to undergo these training sessions, neither of which take more than two hours total to complete.

All three of these pathways are significant educational tools for creating coaches, trainers, and administrators poised to help lessen the emotional distress of student-athletes, as opposed to hindering help attainment.

**Make Mental Health Normative Department-Wide** The influence of Athletics culture on mental health attitudes and behaviors extends outside of just a student-athlete's team. The Athletics Department as a whole and its organizational structure is regarded as influential in determining members' wellness and attitudes related to mental health [29, 36, 38]. The instillation of values at the highest organizational level will better facilitate the dispersal of such values to its members. If high levels of stigma still exist amongst the organization at large, a team who has made strides to reduce stigma within its ranks will find itself fighting against the influence of the greater Athletics community, which threatens to undermine any progress made amongst the team. There are both implicit and explicit ways in which the Athletics Department may contribute to the observable norms involving mental health. While “we do not talk about mental health here” may not be blatant messaging of the department, it is subtextually what student-athletes will conclude if mental health is rarely mentioned within the athletic environment.

SAAC members indicated having only ever received institutionally communicated messaging about mental health, or mental health resources from a singular individual within Athletics' Academic Advising & Compliance.

More deliberate and frequent messaging regarding this topic and available support will not only benefit student-athletes by providing helpful information, but will additionally work to dismantle harmful conceptions student-athletes may hold about the acceptability of athletes to discuss or explore these subjects.

Currently, there is no language referencing "mental health," "mental wellbeing/wellness," "emotional/social health," or any other word choice that could be reasonably interpreted as being about mental health within UNI Athletics' Strategic Plan or Core Values [59, 60]. The closest any statement comes to touching on mental wellness is in the statement of "Student-Athlete Experience" as a core value:

*"We commit to providing the opportunity for each of our student-athletes to have a successful and transformative experience during their time on our campus" [60].*

It could be argued that a "successful experience" would include having a healthy mental state, but the point still remains that mental health and wellness is not referenced as overtly as it could be, or as it would need to be to see positive cultural effects on this domain.

Looking further into the specifically laid out goals and metrics of UNI's Athletics Department, mental health is again missing from any of the statements [61]. The closest any goal or goal measure comes to including assessment of student-athlete mental wellbeing is in one of the "diversity and inclusion" section of the objectives:

*"Develop a survey structure for athletic department staff and student-athletes, designed to provide actual feedback on existing culture and climate" [61].*

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*SAAC members indicated having only ever received institutionally communicated messaging about mental health, or mental health resources from a singular individual within Athletics' Academic Advising & Compliance.*

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In what specific regard culture and climate will be assessed is unclear, and may not include any intentional measures of mental health stigma or negative help-seeking perceptions. In the development of this survey, mental health-related cultural and climate markers should be considered, and included to the greatest extent possible. This would provide for empirical evidence of the progress being made amongst the department with mental health initiatives and attempts to shift towards a more positive culture, accepting of mental health discussions.

Additionally, the creation of a value explicitly highlighting the preservation of student-athlete wellness - holistically - is highly recommended. *Experience* can be viewed as including an individual's wellbeing in its definition, but it remains too vague and open to interpretation in whether mental health is a core consideration informing this value. Semantically, *experience* calls to mind specific events and activities during a student's time at UNI, or their academic/athletic trajectories, more than it calls to mind individuals' mental or emotional evolution.

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The UNI Athletics Department strives to provide its student-athletes with the best possible experience during their involvement, and in pursuit of this goal, can better address factors known to negatively impact members' ability to maintain stable mental health. Further facilitation of mental health conversations and more intentional messaging surrounding this topic will positively affect the culture of Athletics and its teams. The implementation of targeted language at the higher organizational level will help normalize much-needed conversation amongst a population known to suffer from higher stigma and reluctance towards these crucial discussions. Coaches, trainers, and team personnel in particular can be empowered to serve as significant facilitators of help-seeking amongst student-athletes with distress. Their extreme influence over the development of team norms cannot be understated, and guidance given to coaches on how to make help-seeking, mental health discussions, and positive attitudes normative amongst their members will pay considerable dividends not only in student-athlete MHSU, but athletic performance as well - making it a win-win for all parties.

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## *Recommendations: Cross-Domain Opportunities*

### **THE FOLLOWING ARE RECOMMENDED AS THE BEST COURSE OF ACTION FOR THE STUDENT COUNSELING CENTER & THE ATHLETICS DEPARTMENT IN COOPERATION:**

**Maintain A Strong Relationship** Partnerships between university counseling centers and athletics departments greatly benefit student-athletes' MHSU and mental health attitudes [29, 36, 37, 38]. Collaborations provide for valuable cross-education between counseling staff and athletics members; Counseling staff receive greater knowledge over the world of sport, and the unique challenges athletic involvement poses for student-athletes, while athletics members increase their familiarity with the spectrum of services offered to students and standard procedures of the center [29]. Such sharing of information facilitates the referral of student-athletes presenting with concerns, and more visible connections between the different domains further shrinks the divide many universities see existing for these two areas of campus [29, 38].

A common phenomenon for athletics departments and its members is the perception that the department exists “outside” of the larger institution - that Athletics is distinct and separate from the remainder of campus [29, 38]. This view subsequently places counseling centers as “outside” the athletics system, causing student-athletes to fail to regard its services as “for them.” Additionally, the presence of traditional and outdated conceptions of what an “athlete” looks like, which typically include an overemphasis on self-reliance and mental toughness, further place counseling centers and their offerings as outside the purview of a “true athlete” [29]. More frequent interactions between UNI Counseling and UNI Athletics will therefore remedy such thinking amongst many student-athletes, who would then

### **RECOMMENDED ACTIONS**

- Maintain a strong relationship**
- Establish clear pathways & procedures**
- Improve mental health literacy (MHL)**

reframe their perceptions of who counseling services are intended for.

**Establish Clear Pathways & Procedures** To ease referrals even further, the explicit definition of cross-domain procedures and standardization of these processes is highly recommended. Members of both the Student Counseling Center and Athletics (Administrators, Coaching Staff, Sports Medicine and Training personnel) are suggested to sit down and discuss what steps are to be taken when a student-athlete is thought to pose significant mental health concerns. Additionally, such structuring of procedures with athletic trainers, coaches, and athletics administrators can help build more positive attitudes amongst these key athletics stakeholders, which is favorable outcome for student-athlete MHSU: the opinions of referrals held by athletics stakeholders are observed to be a prominent deciding factor in whether they choose to refer an individual to services [36].

The National Athletic Trainers' Association provides a framework for institutions looking to create such a plan, which can be found [here](#), as well as in the appendix. Their recommendations include being aware of behaviors to monitor as warning signs of distress, establishing who the points of contact are to be in each department during referral processes, and clearly communicating about confidentiality to student-athletes, so that student-athletes are aware that 1) disclosure to coaches and parents about receiving mental

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*Collaborations provide for valuable cross-education between counseling staff and athletics members*

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health care by the student-athlete is encouraged, but not required; and 2) if medical insurance is used, that individual's parent(s)/guardian will be notified about the services in their billing statements [48]. Coaches and training staff should also be made aware of confidentiality expectations, so that they do not have misconceptions about how much information counseling staff may give them about their student-athletes' treatment.

The NCAA also has a collection of recommendations meant to inform collaborative planning between counseling and athletics departments. A set of checklists provided by the NCAA [[found here](#), and in the appendix] guides discussions between the two sectors, and walks through what information should be gathered and included, who should be involved, and what procedures should look like when drafting an interdepartmental plan [29]. There are dedicated checklists for how to manage both nonemergency, and emergency mental health issues with student-athletes that are of great value for athletics and counseling members to look over.

Emerging themes of the two pieces of literature are the value of Athletic Trainers as influential stakeholders in student-athletes' wellbeing, the importance of emphasizing the individual as a person over an athlete when expressing concern, and having multiple pathways for individuals who may need outside-of-campus resources or pose an imminent threat to themselves or others [29, 48].

A student-athlete's overall support network (athletic trainers, coaches, teammates, etc.) is of great importance in helping them to identify and accept that they may have a mental health problem [37] - the outsider perspective, particularly from a trusted and revered source, is influential in swaying the view of student-athletes who may otherwise fail

to recognize their own need. Of those involved in student-athletes' support networks, individuals should be identified to act as a liaison to the counseling center. This establishes a clear pathway for student-athletes to get connected to help, as such persons would act as the initiator for scheduling an appointment - eliminating any confusion that may arise amongst coaches or other athletics personnel who may be unsure who to direct student-athletes to when looking to connect them with mental healthcare services.

Athletic trainers are regarded as optimal choices for identification and referral of at-risk individuals, as they interact directly with student-athletes, and more often than many other athletics members or even teammates might [29, 36]. This uniquely positions them to potentially be the first to notice any signs of concern or behavior changes. Because student-athlete health and wellness falls under the discretion of athletic trainers, they are known to influence health behavior decision-making amongst those they interact with [29, 36]. This means the suggestion to consider the use of mental health services coming from an athletic trainer may carry more weight than the same suggestion from a coach or teammate with how it influences a student-athlete's service-seeking decisions.

Additionally, the incidence of such a collaboration and resulting implementation of standard procedures should be well communicated to student-athletes. Ensuring that student-athletes are aware of these efforts and that members of their support network stand equipped with referral knowledge will more greatly facilitate MHSU given the increased confidence that coaches or trainers could connect individuals with help if approached about wanting it. Some of the positive effects of greater knowledge acquisition or structuring of referrals amongst staff (counseling or athletics) will not be fully realized if student-athletes are unaware of these actions having occurred. As one SAAC member pointed out about treatment barriers:

*M2: “they have no idea how to get those resources, they may try to talk to someone but don't know who they'd go to to ask that question [...] making appointments and calls are challenging.”*

If individuals have the knowledge that their coaching and training staff were provided with pathways to getting student-athletes desired resources, and that they additionally stand ready to assist in appointment scheduling (including making phone calls), then those barriers mentioned are eliminated.

.....  
*Ensuring that student-athletes are aware of these efforts and that members of their support network stand equipped with referral knowledge will more greatly facilitate MHSU*  
.....

**Improve Mental Health Literacy (MHL)** As discussed in a prior chapter, mental health literacy concerns an individual's ability to identify symptoms of mental illness and correctly attribute them to their cause, as well as their familiarity of pathways to help: what resources exist and how to connect to them [14]. Individuals with poor MHL may fail to perceive a need for mental health services by misattributing their mental illness symptoms to general stress [13]. Poor MHL may otherwise impair help-seeking because individuals are unfamiliar with what to expect from treatment and hold fears about what the experience could be like, or because they simply lack enough confidence over where to go when wanting to start the treatment process.

For student-athletes in particular, poor MHL can result in difficulty distinguishing between “normal feelings of tiredness and sadness associated with their sport, and symptoms of a possible mental disorder” [37]. Additionally, not knowing

what to expect if attending a counseling session is a barrier to MHSU cited both by UNI's student-athletes, and athletes in prior studies [37].

*F4: “Athletes might be afraid of what the outcome is if they actually talk to someone, and not be wanting to find out.”*

In the same vein of MHL, unfamiliarity with UNI's specific resources and care providers is greatly inhibiting some student-athletes from achieving better mental health outcomes. When asked how often any of the teams had experienced a member of UNI's counseling staff interacting with them as a group, only one team indicated having a counselor talk to their members, and only in response to an inciting incident.

This means the current practices of UNI Counseling and Athletics does not involve proactive interactions between counseling staff and student-athletes, and the only group interaction involving a counselor was reactionary in nature. This practice does not align with what is recommended of these domains, who should strive for a good rapport between counselors and team members [37, 38].

The delivery of workshops to teams is a way for university counselors to not only build that suggested rapport, increase familiarity amongst student-athletes, and position the counseling center as stakeholders in their wellbeing, but also a great opportunity for bolstering student-athlete MHL [37]. UNI's Student Counseling Center offers multiple different workshops that campus groups can request, or that individuals can sign up for themselves [57]. The topics touched on and information given by the Student Counseling Center's workshops provide beneficial tools student-athletes can use in efforts to care for their emotional health and wellbeing, even if the information delivered is not strictly athletics-specific. As established prior, student-athletes are susceptible to all the same stressors and barriers that a typical college student can face. Because the topics covered by UNI counselors'

workshops are universal in their relevance to students, student-athletes can derive value from them even when not explicitly tied to their sport experiences. For instance, student-athletes can use the lessons delivered by a time management workshop to better tackle their chore list around

their apartment, in addition to more effectively spending their time between balancing academic deadlines and maintaining their workout schedule. The tools and strategies acquired by student-athletes in these training sessions can be applied to life in and outside athletics.

Added benefits of team workshop delivery is the opportunity for counseling staff to directly relay university pathways to help and mental health resources while given an audience of student-athletes, and the signaling that Athletics is a place where mental health topics can be discussed, thereby reducing stigma within the sphere.

**WORKSHOPS OFFERED BY UNI  
COUNSELING STAFF**

Men and Mental Health  
The Art of Mindfulness  
Test Anxiety  
Time Management  
Resilience

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A strong and visible relationship between UNI's Student Counseling Center and Athletics is of great benefit not only to student-athletes, but the respective staff of each department as well. Through the educational exchange such cross-domain interactions would provide, counseling staff would increase their competence with treating this population and athletics personnel would become greater facilitators of MHSU by increasing their familiarity with resources available, and procedures for obtaining them. Collaboration resulting in a formalized and written plan of action for referring student-athletes in need to mental health services is of considerable value for these domains, as it greatly improves both's ability to meet the needs of distressed individuals when potential confusion about referral processes is eliminated. Opportunities to bring counseling staff in to interact with teams is highly effective in normalizing athletics-counseling relationships, as well as increasing student-athletes' familiarity with who campus providers are, what can be expected during service appointments, and other mental health educational information that bolsters student-athlete MHL - a key component which can facilitate or inhibit MHSU.

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## Recommendations: New & Additional Resources

### THE FOLLOWING ARE RECOMMENDED AS GOALS FOR POTENTIAL RESOURCES UNI LOOKS TO REALIZE:

**Sport Psychology Credentials** The formal acquisition and validation of a practitioner’s athletic-related knowledge is strongly encouraged for those treating student-athletes [47]. A fully certified sport psychologist is a licensed psychologist who has also “obtained objective validation of their expertise in helping clients develop and use mental, life, and self-regulatory skills to optimize performance, enjoyment, and/or personal development in sport” [61]. This credentialing makes practitioners most likely to provide effective treatment, best relate and understand UNI’s student-athletes and their experiences, and literature endorses having mental health practitioners who are sport psychology credentialed whenever possible for treating this population [29, 47].

UNI’s own student-athletes emphatically endorsed the idea of having a sport psychologist, and raised the suggestion independently from any questions or prompts presented during the discussion with SAAC. Their basis for supporting such a position stemmed largely from sport psychologists having formal education and familiarity with athletics experiences and culture.

This demonstrates SAAC members’ awareness that a practitioner can treat them much more effectively when that practitioner is familiar with their world and understands their student-athlete identity. Such a practitioner would not run the risk of splitting these individuals into halves: *student* and *athlete*. This divide greatly diminishes student-athletes’ identity and the complexities that come with it when being treated as either one or the other. It is necessary to have a practitioner who can see these individuals as the whole being that they are, or else incur the risk that student-athletes will come away from treatment sessions feeling it was ineffective,

### RECOMMENDATIONS FOR CREATING ADDITIONAL RESOURCES

- ☐ Sport psychology credentials
- ☐ Designation & embedment
- ☐ Outside consultant/part-time model

and potentially extending such a belief to treatment as a whole. This would inadvertently teach these individuals that therapy, counseling, or other treatments cannot help them, which is a dangerous conclusion for them to reach.

**Designation & Embedment** As indicated by student-athletes’ responses to the SAWB Survey, in addition to comments from SAAC members, the designation and embedment of mental health resources in the Athletics Department will make a significant difference for this population: 91.6% of SAWB survey participants felt “*the Athletics Department should have a designated mental health resource for their athletes’ use.*”

Student-athletes indicated time and accessibility as major barriers to their MHSU, and the designation of resources or mental health care providers would greatly alleviate these problems, as student-athletes would not have to compete with the rest of campus for any available appointment slots. Embedment of resources would similarly eliminate access-related barriers, as housing a provider within athletics facilities makes it easier for student-athletes to work treatment into their busy schedules when sessions can be attended from facilities the student-athlete is already a frequenter of. Instead of having to find time to go across campus or commute to an off-campus provider, student-athletes would have the ability to receive help from locations they currently traffic.

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*91.6% of SAWB survey participants felt “the Athletics Department should have a designated mental health resource for their athletes’ use.”*

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The specification that certain resources are meant “for student-athletes” will additionally lessen stigma-related barriers that are known to exist for this population as it would frame seeking help for mental health as an “athletics activity,” challenging the stigma-encoded views held about “real” athletes not needing such services.

These actions of designation and embedment are also supported by other sets of recommendations for treating student-athletes [29, 38, 47] Current practices at both the University of Iowa (UI) and Iowa State University (ISU) involve some degree of designation and embedment. UI follows what the NCAA refers to as an *incorporated model* [29], having a sport psychologist housed directly in their athletics department who provides services to student-athletes [62]. ISU follows a different model which does not include embedment of mental health practitioners, but rather sees two of their general campus counselors (one holding additional certifications in eating disorder treatment, and one with sport psychology credentials) have reserved hours during their schedules at the campus counseling center, wherein only student-athletes may schedule appointments [63]. ISU reports having around 20 hours each week set aside for

student-athletes to schedule within, and sees those hours consistently filled each week [63].

**Outside Consultant/Part-time Model** Recognizing that the addition of a full-time sport psychologist would be pricey, and not necessarily feasible for UNI at the present time, alternative models are suggested that would incur lesser expenses. One method for UNI to provide student-athletes with a designated and embedded mental health service provider is contracting with an outside consultant. A practitioner within the Cedar Valley who is clinically licensed to provide mental health services could ostensibly be employed in a part-time, “temp” position, where they would be contracted to provide these services on campus for a designated amount of hours each week. A provider could supply services directly out of athletics facilities, and house themselves in Athletics’ offices during their hours on campus.

The level of services provided by this position would be equivalent to that of UNI’s Counseling Center staff, and the individual filling this role would attend training and meetings alongside the counseling staff to ensure uniformity of services. This practice would help lessen the disparity in student-athletes who receive campus counseling services, as UNI’s student-athletes are observed to be less represented amongst the campus center’s patronage compared to non-athletes. The NCAA highlights the primary advantages of this model being its cost savings for athletics departments, and the greater control over service access it allows [29].

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Attributes of resources demonstrated to improve efficacy, access, or cost of treatment include sport psychology credentialing, designation or ability for embedment, and contracting with an outside consultant for part-time service provision. All three are practices and strategies that UNI do not currently employ, but could feasibly achieve in the future given current budgetary and resource limitations. UNI should strive to implement these elements, whenever possible, into any additional resources they endeavor to create.

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## *Concluding Thoughts: What UNI Should Do*

Considering everything that has been observed in the collected data and in prior research regarding this topic, it is clear that more action needs to be taken at the University of Northern Iowa to adequately address the issues its student-athletes are facing. There is a clear, inarguable mental health crisis facing our student-athletes, who exhibit higher levels of distress, yet lower levels of receiving help when compared to UNI's non-athlete students. This study has demonstrated that resources and mental health initiatives available to the general campus population are widely inaccessible for student-athletes, demonstrating the need for additional and dedicated resources to this population, and justifying special considerations being given to this demographic during larger campus mental health conversations.

In the interest of being an equitable institution, the University of Northern Iowa has a duty to address inequalities which disproportionately position campus populations to suffer negative experiences. Therefore, the University of Northern Iowa, as an institution and not just an athletics department, has an obligation to act further on the issues this case study presents. A university commitment from administrative leaders is hereby called for, wherein the University of Northern Iowa recognizes and validates this need, and makes an explicit commitment to bringing about specific mental health resources within a specified timeline. In order to best meet the mental health needs of student-athletes and to have a response that is to scale with the gravity of the issues currently witnessed, an additional mental health position designated for the UNI Athletics Department is necessitated. To be able to reasonably expect such a position to be realized, UNI needs to put in writing their intentions to take steps towards meeting this goal as the creation of salaried positions requires sustainable sources of funding. This written commitment and subsequent timeline should include the steps UNI intends to take to either have funding set aside, or funding sources identified, so that the creation of a mental health position within the Athletics Department may be supported. Without such a commitment, it is unrealistic to expect funding to the amount necessary for full-time, or even some part-time, positions to become available; forethought and planning is all but required.

.....  
*A university commitment from administrative leaders is hereby called for, wherein the University of Northern Iowa recognizes and validates this need, and makes an explicit commitment to bringing about specific mental health resources within a specified timeline*  
.....

In the meantime, until funding can be identified and such a resource can be implemented, this study's chapter of recommendations includes actions the University of Northern Iowa can take within its current budget and resource constraints. It cannot be stressed enough that inaction on the part of the university is likely to have dire consequences for the health of our student-athletes. The sharing of these recommendations and data is encouraged to further communicate the need for action amongst UNI's leaders.

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# Appendix 1

## SAWB Survey questions

### Demographic questions

1. **Gender:** male female other prefer not to say
2. **Year:** fr soph junior sr sr+
3. Please select the response(s) that best fit how you would describe yourself:
  - American Indian or Native Alaskan
  - Asian or Asian American
  - Black or African American
  - Hispanic or Latino/a/x
  - Middle Eastern/North African (MENA) or Arab Origin
  - Native Hawaiian or Other Pacific Islander
  - White
  - Biracial or Multiracial
  - Identity not listed above

### Mental Health Questions

4. ***Within the last 12 months, how would you rate the overall level of stress experienced:***
  - No stress
  - Low
  - Moderate
  - High
5. ***I experience higher levels of stress compared to students who are not in athletics***
  - strongly disagree  slightly disagree  neutral/neither agree nor disagree  slightly agree  strongly agree
6. ***I believe that my teammates would think less of me for needing the services of a mental health provider***
  - strongly disagree  slightly disagree  neutral/neither agree nor disagree  slightly agree  strongly agree
7. ***I believe that my coaches would think less of me for needing the services of a mental health provider***
  - strongly disagree  slightly disagree  neutral/neither agree nor disagree  slightly agree  strongly agree
8. ***I believe some of my teammates are struggling and need mental health resources.***
  - strongly disagree  slightly disagree  neutral/neither agree nor disagree  slightly agree  strongly agree
9. ***I am struggling and need mental health resources.***
  - strongly disagree  slightly disagree  neutral/neither agree nor disagree  slightly agree  strongly agree

**10. The Athletics Department should have a designated mental health resource for their athletes' use.**

strongly disagree  slightly disagree  neutral/neither agree nor disagree  slightly agree  strongly agree

**11. I would use the services of a mental health practitioner.**

strongly disagree  slightly disagree  neutral/neither agree nor disagree  slightly agree  strongly agree

**12. I would be more likely to use the services of a mental health practitioner if they were housed within the athletics department.**

strongly disagree  slightly disagree  neutral/neither agree nor disagree  slightly agree  strongly agree

**13. Have you received psychological or mental health services within the last 12 months?**

-Yes

**The services were provided by:**

- My current campus health and/or counseling center
- A mental health provider in the local community near my campus
- A mental health provider in my hometown
- A mental health provider not described above

-No

**14. If you answered no to the prior question, why not?**

- I do not have a need for such services
- It is incompatible with my schedule/I cannot find time
- I cannot afford it/ I do not have insurance
- I do not have enough information to get connected with resources
- Other [please specify]

## *Appendix 2*

*Helpful Resources For Building Cross-Domain Referral Procedures*

### ***The National Athletic Trainers' Association's Inter-Association Recommendations [Excerpt]:***

# Inter-Association Recommendations for Developing a Plan to Recognize and Refer Student-Athletes With Psychological Concerns at the Collegiate Level: An Executive Summary of a Consensus Statement

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## PURPOSE

The full range of mental health concerns found in the general student population can also be seen in student-athletes attending a university or college. The National Athletic Trainers' Association formed a work group for the purpose of establishing recommendations on developing a plan for the recognition and referral of collegiate student-athletes with psychological concerns.

## INTRODUCTION

The growing prevalence in the types, severity, and percentage of mental illnesses in young adults ages 18 to 25 years, the age group of college students and student-athletes, is being recognized.<sup>1</sup> Given the National Collegiate Athletic Association student-athlete participation rates<sup>2</sup> of more than 450 000 in 2011–2012, the probability of encountering 1 or more student-athletes with psychological concerns within an athletic department is a certainty. Because providing direct psychological care to the student-athlete is outside the scope of practice for the certified athletic trainer (AT), we offer recommendations to assist the AT, in collaboration with the athletic department and institutional administration, in developing a plan to address psychological concerns in student-athletes.

## BACKGROUND

Approximately 1 in every 4 to 5 youths in America meets the criteria for a mental health disorder and experiences

severe impairment across a lifetime.<sup>3</sup> In 2012, the U.S. Substance Abuse & Mental Health Services Administration<sup>1</sup> reported that 45.9 million American adults aged 18 years or older (20% of the survey population) experienced a mental illness in 2010. The rate of mental illness was more than twice as high for those in the 18- to 25-year-old range (29.9%) than in those aged 50 years and older (14.3%).

## Behaviors to Monitor

The AT and team physician are in positions to observe and interact with student-athletes on a daily basis. In most cases, athletic department personnel have the trust of the student-athlete and are people the student-athlete turns to for advice or assistance during times of crisis. Some student-athletes, however, are unaware of how a stressor is affecting them; even if they are aware of potential psychological concerns, some will not inform anyone but will instead “act out” nonverbally as a way of alerting others that something is bothering them.<sup>4–6</sup> Thus, subclinical concerns can also develop and produce a level of dysfunction, moving the student-athlete away from his or her baseline of well-being. Subclinical changes in mood and mental state can affect student-athletes and require further attention by sports medicine personnel. The behaviors to monitor in the Table are not an all-inclusive list but rather symptoms that may reflect a psychological concern in a student-athlete.

## Circumstances that May Affect a Student-Athlete's Mental Health

When a student-athlete is injured, the AT and team physician should consider the patient's possible psycho-

The full consensus statement on which this executive summary is based can be found at <http://www.nata.org/sites/default/files/psychologicalreferral.pdf>.



**Table. Behaviors to Monitor That May Reflect Psychological Concerns<sup>4,17</sup>**

- Changes in eating and sleeping habits
- Unexplained weight loss or gain
- Drug or alcohol abuse
- Gambling issues
- Withdrawing from social contact
- Decreased interest in activities that have been enjoyable or taking up risky behavior
- Talking about death, dying, or “going away”
- Loss of emotion or sudden changes of emotion within a short period of time
- Problems concentrating, focusing, or remembering
- Frequent complaints of fatigue, illness, or being injured that prevent participation
- Unexplained wounds or deliberate self-harm
- Becoming more irritable or having problems managing anger
- Irresponsibility, lying
- Legal problems, fighting, difficulty with authority
- All-or-nothing thinking
- Negative self-talk
- Feeling out of control
- Mood swings
- Excessive worry or fear
- Agitation or irritability
- Shaking, trembling
- Gastrointestinal complaints, headaches
- Overuse injuries, unresolved injuries, or continually being injured

logical response to the injury. An injury, particularly one that is time limiting or season or career ending, may be a significant source of stress to the student-athlete. A student-athlete returning from an injury may also experience fear of reinjury.

Our evolving awareness of the aftereffects of concussions includes the cognitive and psychological consequences on student-athletes.<sup>7,8</sup> After a concussion, a student-athlete should be monitored for any changes in behavior or self-reported psychological difficulties, both while symptomatic and following the return to activity.

Despite the risk of negative results, including diminished performance and loss of scholarships, collegiate athletes seem to use most substances and alcohol at higher rates than do age-matched nonathletes in the college population. Student-athletes were more likely to report binge drinking than the general student population because they viewed alcohol use as normal.<sup>9</sup>

The prevalence of behavior disorders includes attention-deficit hyperactivity disorder (ADHD) at 8.7%. Chronic and impaired behavior patterns result in abnormal levels of inattention, hyperactivity, or both.<sup>3,10</sup> Some legitimate medications contain substances banned by the NCAA; certain student-athletes may need to use these medicines to support their academic performance and their general health. One of the banned classes is stimulant medications that are often used in the treatment of ADHD. The NCAA has specific requirements for student-athletes with ADHD who want to compete while taking a banned stimulant.

Eating disorders affect females twice as often as males and increase in prevalence with age. Those youths who do not meet criteria for eating disorders of anorexia nervosa or bulimia nervosa fall into a classification of eating disorder not otherwise specified (EDNOS).

## Referral of the Student-Athlete for Psychological Evaluation and Care

Having a team in place to address the psychological concerns of student-athletes is important. This team should include the team physician(s), ATs, campus counseling service, and community-based mental health care professionals (eg, clinical psychologists and psychiatrists).

## Preparticipation Physical Examination: Mental Health Concerns

The preparticipation physical examination is an optimal time to ask about a history of mental health problems. Any affirmative answers in the mental health section of the preparticipation physical examination should be brought to the attention of the team physician, so that he or she may discuss them with the student-athlete and ascertain if any follow-up evaluation, care, or medication is required.

## Approaching the Student-Athlete with a Potential Psychological Concern

Approaching a student-athlete with a concern about his or her mental well-being can be an uncomfortable experience. It is important to have the facts correct, with context, relative to the behavior of concern, before arranging a private meeting with the student-athlete. The conversation should focus on the student-athlete as a person, not as an athlete. Empathetic listening and encouraging the student-athlete to talk about what is happening are essential. Persuading the student-athlete to consider a mental health evaluation can be challenging, given the stigma that is still stubbornly attached to receiving mental health care.<sup>11</sup>

## Routine Referral for Mental Health Evaluation

Once the student-athlete agrees to undergo psychological evaluation or reports wanting to be evaluated for a psychological concern, he or she should be referred as soon as possible to a mental health care professional. If possible, the AT should help the student-athlete make the initial appointment. This is 1 example of why having a preexisting relationship with campus or community mental health care professionals is important: to help facilitate the referral.

## Confidentiality

The question of informing the student-athlete's coach or parents invariably arises. For a routine referral, the student-athlete should be informed that, although the referral is confidential, it may be helpful to notify the coach and parents of the appointments. The student-athlete is not compelled to do so, but the AT should emphasize that the coach and parents are concerned about the welfare of the student-athlete, and keeping them informed about his or her mental health care is no different than keeping them informed about his or her physical health care. The student-athlete should be encouraged but not required to notify the coach and parents.

When the student-athlete is referred to community-based mental health care professionals and may use medical insurance, he or she should be informed that parents or guardians will receive notification of the mental health care

treatment from the insurance company in the form of an explanation-of-benefits notification.

### **Emergent Mental Health Referral**

If student-athletes demonstrate or voice an imminent threat to themselves, others, or property (which in many cases rises to a code-of-conduct violation); report feeling out of control or unable to make sound decisions; or are incoherent or confused or express delusional thoughts, emergent mental health referral is recommended. This list is not all inclusive: other troubling symptoms and the severity or number of symptoms affecting the student-athlete should also be taken into account when determining if a routine or emergent mental health referral is in order. When an emergent mental health referral protocol is developed, the following steps should be considered:

- Obtain and have available in the plan the institutional protocol for emergent mental health evaluations for students. Follow the protocol.
- If the student-athlete appears violent or acts violently, call campus or local law enforcement (or both), seek immediate assistance, and act to protect bystanders from harm.
- If the student-athlete is potentially suicidal and not violent, do not leave him or her alone. Call for assistance per the institutional protocol. Wait for instructions on how and where the student-athlete will be taken for an assessment. Offer to accompany the student-athlete to the place of evaluation, which may help to reassure the student-athlete during the process.
- Seek advice or assistance from the athletic administration, office of student affairs, or general counsel on contacting the student-athlete's family and informing them of the incident.

### **Suicide in Student-Athletes**

More than 30% of all undergraduate students reported feeling so depressed that it was difficult to function,<sup>12</sup> and few youth or young adults receive adequate mental health care.<sup>3</sup> Therefore, the specter of suicide in young adults, and in student-athletes in particular, is ever-present. Information on suicide prevention is included in the online version of this consensus statement.

### **Campus Counseling Services and Catastrophic Incident Considerations**

Many student-athletes are concerned that their status on the team, including playing time, may be negatively affected if their coaches become aware of the nature of their mental health problems.<sup>13</sup> Student-athletes are more likely to favorably view therapists they believe understand the world of athletics and the problems associated with the life of a student-athlete.<sup>14</sup> It is important that the campus counseling center have a relationship with the athletic department and that its mental health professionals understand the unique cultural variables of student-athletes. The guiding philosophy behind legal and ethical safeguards for confidentiality is that clients have the right to determine who will have access to information about them and their treatment.<sup>15</sup>

It is helpful to identify an individual within the athletic department who is the primary point of contact. The process of referring students is not always a simple or

straightforward one. If athletic departments have a primary point person who is a liaison to the counseling services, the referral process can be facilitated. Because health and wellness falls under the purview of the AT, we recommend that the AT be the point person for referrals.

Stress reactions after a catastrophic incident are typical human reactions to the event. Many, if not most, of these reactions are self-limiting and will resolve with support, time, and natural resilience. However, when a reaction persists, referral for mental health support is indicated. Early intervention is more effective in resolving traumatic stress than a prolonged period of waiting before mental health care is implemented.<sup>16</sup> The relationship the AT has with the student-athlete allows the former to provide support and recognition of the need for formal mental health support.

### **Risk Management and Legal Counsel Considerations in Developing a Plan to Address Psychological Concerns in Student-Athletes**

University administrators face the challenges of managing the risks associated with mental health in their student-athlete populations. To prepare and respond to mental health incidents, administrators should be aware of the following risk management implications and consider taking these actions:

1. Develop a plan to include a policy statement and related procedures for identifying and referring student-athletes with potential mental health concerns to appropriate qualified university administrators and counselors.
2. Carefully evaluate the institution's various insurance policies that may be triggered in the event of a mental health incident.
3. Protect confidentiality.

Legal considerations promote the idea that an interdisciplinary approach, including individuals in various departments within the institution of higher education, should be a goal in confronting the complex problems of mental health in student-athletes. Two good resources are "Managing the Student-Athlete's Mental Health Issues"<sup>17</sup> from the NCAA and "Student Mental Health and the Law: A Resource for Institutions of Higher Education" from the Jed Foundation.<sup>18</sup>

### **CONCLUSIONS**

The important factors in helping a student-athlete with a psychological concern are education, early recognition of a potential psychological problem, and effective referral into the mental health care system, as well as addressing risk to the athletic department and institution.

We recommend that this consensus statement be shared with coaches, athletic administrators, counseling services, the office of student affairs, risk managers, and general counsel to better educate and create an interest in developing an institutional plan for recognizing and referring student-athletes with psychological concerns.

We urge readers to download and review the entire "Consensus Statement on Developing a Plan for Recognition and Referral of Student-Athletes with Psychological Concerns at the Collegiate Level" (<http://www.nata.org/sites/default/files/psychologicalreferral.pdf>) to gain in-depth information on the highlighted topics. The statement

includes 14 tables, 120 references, and 4 appendices for further use when developing a plan based on the individual dynamics of the institution and athletic department.

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## *Appendix 2*

*Helpful Resources For Building Cross-Domain Referral Procedures*

### ***The NCAA's Mental Health Checklists:***

**[From *Mind, Body and Sport; Understanding and Supporting Student-Athlete Mental Wellness*]**

# *Mental Health Checklists*

BY SCOTT GOLDMAN

Clinical and sub-clinical changes in mood and mental states can affect the ability of student-athletes to function effectively – on the field of play, in the classroom and during their lifecourse. Many mental health disorders are at least partially rooted in biology. However, environmental stressors – including stressors associated with being a student-athlete – can play a critical role in whether these vulnerabilities turn into burdensome health conditions. One of the best ways to limit the negative consequences of most mental health conditions is early detection and treatment. This is where athletics departments and sports medicine departments can play a critical role: establishing prevention programming and reducing stigma around care-seeking, setting a plan to encourage effective early detection, and communicating to all stakeholders about how to manage emergency and nonemergency mental health issues.

The following four checklists can help athletics departments and sports medicine departments assess and plan for managing mental health issues among student-athletes. For more information and resources, see the NCAA Sport Science Institute website ([www.ncaa.org/mentalhealth](http://www.ncaa.org/mentalhealth)).

## **Checklist No. 1 Prevention And Preparation**

### **1. CONDUCT A NEEDS ASSESSMENT**

- Get input from all relevant stakeholder groups. Learn about perceptions of student-athlete mental health/performance needs, ideas for enhancing mental health performance services for student-athletes and barriers to change. These stakeholder groups will vary by campus but should include:
  - Athletes (talking to your Student-Athlete Advisory Committee is a good place to start).
  - Sports medicine and athletic training staff members.
  - Athletics administrators.
  - Coaches and other staff who have direct contact with student-athletes.
  - Faculty athletics representatives.
- If you are concerned about getting honest feedback from these stakeholder groups, consider using an anonymous needs assessment form (an example is available at [www.NCAA.org/health-and-safety/sport-science-institute](http://www.NCAA.org/health-and-safety/sport-science-institute)).
- Be sure to talk with your compliance director about concerns she/he may have about pursuing enhanced mental health/performance services for your student-athletes, or to review rules associated with these types of services.

### **2. BUILD RELATIONSHIPS**

- Contact your state psychology licensing board (<http://www.ceunit.com/psychologistsstateboards.htm>) to help identify individuals who could serve as competent referral sources for your student-athletes on your campus and in your community.
- If your campus has a counseling center or other mental health service for students, arrange to meet with the director. Consider asking some of the following questions to get the conversation started:
  - How often do student-athletes use the campus counseling center?
  - Given identified student-athlete needs related to mental health, what do you recommend to better meet these needs?
  - What is the average wait for a student to get services?
  - Have you had specific counselors identified as liaisons to certain areas of campus?
  - Is there anyone in the center who has a background in athletics, or who would be interested to learn about the unique culture of athletics?
  - If a particularly high-profile student-athlete needed to receive counseling services, is there any provision you could offer to protect his/her privacy?

- Would someone on your staff be willing to provide outreach programs to our student-athletes, or at least come and introduce yourselves to our student-athletes each year?
- How do you handle psychotropic medication referrals?
- What kind of psycho-educational assessment services do you offer?
- Whether working with an on-campus resource (such as the counseling center or psychology department) or an off-campus provider (such as a private practitioner), make sure the provider has the following traits:
  - They are a licensed mental health professional.
  - They have expertise and/or credentialing in clinical AND performance services.
  - They understand and appreciate the unique needs of student-athletes.
- Initiate interactions with the mental health provider and your student-athletes when there is not a need for service. These non-clinical interactions will establish a rapport between the provider and your student-athletes, which will make it easier when the provider's services are needed. Some non-clinical interactions include:
  - Presentations about sport psychology to teams.
  - Attending staff meetings with coaches, academic counselors and sports medicine personnel.

### **3. MAKE A PLAN**

- Before an incident, develop a general plan to address mental health issues and make sure your staff is aware of it. Your plan should be written into your policy and procedures. The plan should include:
  - Flexibility.
  - How to refer and triage.
  - How to educate staff.
  - What to do after hours.
- Know your school's policies and procedures for on-campus mental health issues. Ensure that your plan and program are consistent with the campus' general student population.
  - Know your school's "duty-to-report" policy on mental health issues.
  - Know how your school manages "conflict of laws." For example, do licensed mental health providers on your campus follow HIPAA or FERPA?
- Establish a liaison between the mental health care provider and the athletics department.

## **Checklist No. 2**

### **Managing a Nonemergency Mental Health Issue**

When student-athletes come to you in emotional distress and they do not present an immediate threat to the safety of themselves or others:

#### **1. DEMONSTRATE COMPASSION**

Some helpful tips for calming the student-athlete and demonstrating compassion are:

- Remaining calm yourself — maintain calm body language and tone of voice.
- Listen to the student-athlete. Allow him/her to express his/her thoughts. Provide him/her a forum in which he/she can be heard. It's OK to have a moment of silence between you and the student-athlete.
- Avoid judging the student-athlete.
- Provide unconditional support. You do not have to solve his/her problem.
- Normalize the student-athlete's experience and offer hope.

#### **2. GATHER INFORMATION**

- Ask questions, including questions of safety (“Are you thinking of hurting yourself?” and “Are you thinking of suicide?”)
- Asking the important questions will NOT plant the idea in his/her head.
- By asking questions about suicide, you will receive valuable information. If he/she hesitates or confirms, you know to elevate the intervention (see “Managing an Emergency Mental Health Issue” checklist).

#### **3. MAKE A REFERRAL**

- Present the student-athlete with treatment options.
- When you identify a student-athlete who would benefit from mental health services, but he/she doesn't appear to be aware of this need:
  - Inform the student-athlete matter-of-factly that you believe he/she would benefit from counseling. Base your recommendation on his/her behaviors, or identify specific behaviors that you have noticed and are concerned about.
  - Ask the student-athlete how he/she is feeling, how his/her actions are affecting his/her life, and if he/she has done anything about it so far.
  - Leave open the option for the student-athlete to accept or refuse the recommendation.
  - Encourage time to “think it over.” But, remember to follow up.
  - If the student-athlete refuses to attend counseling, leave the issue open for possible reconsideration.
  - Notify the student-athlete's team athletic trainer, the director of sports medicine, and the mental health provider affiliated with your department.
  - If the recommendation is accepted, help create a plan to schedule an appointment, and follow up with the student-athlete in a timely manner. You may call the mental health provider with the student-athlete. If you call with him/her, you will know that an attempt to schedule has been made and when the student-athlete's appointment is, which can assist you in follow-up.
  - Inform your mental health provider that a referral had been made.

#### **4. RESPECT BOUNDARIES AND ABILITIES**

- Know what you're comfortable doing and what you're not comfortable doing.
- Don't promise secrecy. If necessary, you can say to the student-athlete, “It took courage for you to disclose this information to me. And, by telling me, it says you want to do something about what is going on. The best thing we can do is to inform someone else, such as a mental health provider, who can give you the care you need.”

## **Checklist No. 3** **Managing an Emergency Mental Health Issue**

### **1. IDENTIFY WHETHER THERE IS AN IMMEDIATE THREAT TO SAFETY**

- To identify whether the situation is an immediate threat to safety, ask the following:
  - Am I concerned the student-athlete may harm himself/herself?
  - Am I concerned the student-athlete may harm others?
  - Did the student-athlete make verbal or physical threats?
  - Do I feel threatened or uncomfortable?
  - Is the student-athlete exhibiting unusual ideation or thought disturbance that may or may not be due to substance use?
  - Does the student-athlete have access to a weapon?
  - Is there potential for danger or harm in the future?

### **2. MANAGE IMMEDIATE RISKS**

- In the case of an immediate risk to safety:
  - Keep yourself safe — do not attempt to intervene.
  - Keep others safe — try to keep a safe distance between the student-athlete in distress and others in the area.
  - Get help from colleagues.
  - If the student-athlete seems volatile or disruptive, alert a co-worker for assistance. Do not leave the student-athlete alone. However, do not put yourself in harm's way if he/she tries to leave.
  - Call 911 or campus security, or have the person taken directly to the emergency department at the nearest hospital.
    - ◊ When you call, be prepared to provide the following information:
      - Student-athlete's name and contact information.
      - Physical description of the student-athlete.
        - ◆ Height, weight, hair and eye color, clothing, etc.
      - Description of the situation and assistance needed.
      - Exact location of the student-athlete.
      - If the student-athlete leaves the area or refuses assistance, note the direction in which he/she leaves.
      - Follow campus and department protocols and policies.
- If possible, offer a quiet and secure place to talk.
  - Listen to the student-athlete; maintain a consistent, straightforward and helpful attitude.
  - If the student-athlete is expressing suicidal ideation:
    - ◊ Listen.
    - ◊ Show your genuine concern.
    - ◊ Emphasize risk to safety.
    - ◊ Do NOT leave the person alone.

#### **How to ask about suicide:**

“Are you/Have you been thinking about suicide?”

“Are you/Have you been thinking about killing yourself?”

“Sometimes when people are (your observations), they are thinking about suicide. Is that what you're thinking about?”

#### **How NOT to ask about suicide:**

“You're not thinking about suicide, are you?”



### **3. CONTACT A MENTAL HEALTH CARE PROVIDER**

- Make arrangements for appropriate university intervention and aid.
- Call the mental health provider to initiate next steps of care.
- If medical care seems appropriate, head to the nearest hospital or call 911.
- If the student-athlete is expressing suicidal ideation, make a referral for a suicide risk assessment.
  - On-site mental health professional.
  - Local hospital.
  - Local crisis line/mobile assessment team.
    - ◊ Suicide hotline: 1-800-784-2433 or 1-800-273-Talk.

## **Checklist No. 4** **After Managing a Mental Health Issue**

### **1. Initiate follow-up care**

- Identify what is needed for follow-up care.
- Identify available resources.
- Initiate continuity of care:
  - How is the mental health issue going to be managed within the athletics department?
  - If the issue is not to be managed within the athletics department, how do you make appropriate referrals and transitional steps to ensure the safety and well-being of those involved?

### **2. Debrief and plan for the future**

- Schedule a meeting with athletics department staff involved with the intervention and athletics department staff who will be involved moving forward. While maintaining appropriate confidentiality:
  - Identify the strengths of the intervention approach.
  - Identify what did not work with the intervention approach.
  - Identify what improvements could be made to the departmental protocol for prevention, early detection and management of mental health issues.

*For more resources, see [www.NCAA.org/health-and-safety/sport-science-institute](http://www.NCAA.org/health-and-safety/sport-science-institute)*